DEC 28 The flower Brisish Brisish

Bowie. MD 20715

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

FOR

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BP.

DHMH - 16 50M 4/83

(VRA 15, 4)

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

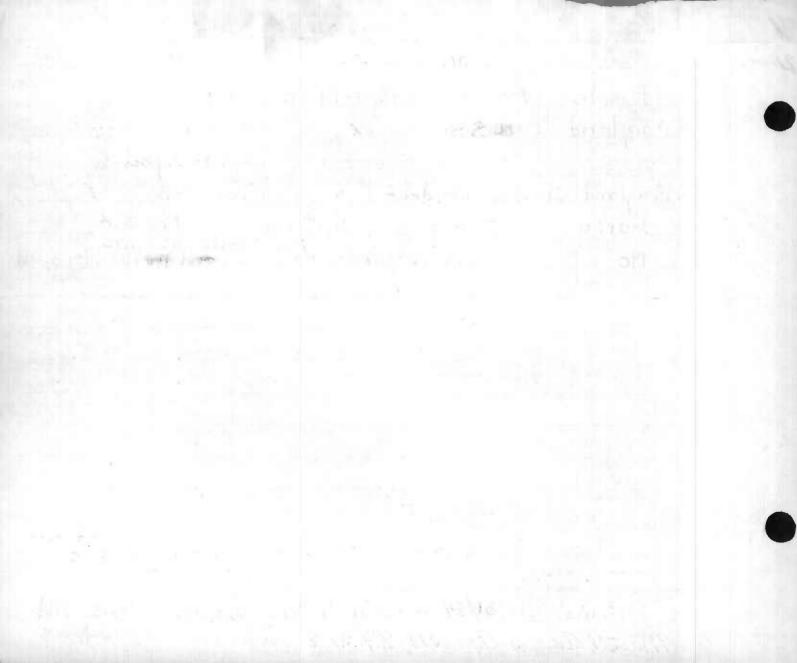
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL MYGIENE

3 5 9

1 -	REGISTRAR	9		CERTIFIC	CATE OF DEATH	RE	G. NO.		
	CEASED NAME	EIRST Moome	WIDDLE	LAS	llen	2a. DATE OF DEA		DAY YEAR	26. HOUR 35
		Mary	Ε.				12	26 84	of burn
3. SE)	'r (4.	RACE	5. DATE OF	BIRTH DAY YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	Temal	0	Negro	12-	1-1900	84	YRS		
7a. Bl	RTHPLACE (STATE OUNTRY)	OR FOREIGN 76	CITIZEN OF WHAT COUNT	MARRIED	NEVER MARRIED				
10. CI	TY OR TOWN OF I	DEATH 411	NAME OF HOSPITAL NU	WIDOWED	OTHER INSTITUTION	PRINCE (F BUSINESS OR
C	LINTON M	n /	SOUTHERN MAR	REET ADDRESS)		GOU E	n ploy &		
130 S	AL RESIDENCE (IF NOTATE	HURSING HOME OR OTH	TER INSTITUTION GIVE RESIDENCE 8	EFORE ADMISSION)	13d. INSIDECITY LIMITS YES X NO		1		1001
14. FA	THER'S NAME	MID	DLE PONDIA		IS. MOTHER'S MAIDEN	4 MIDE	Pro	ctor "	ī
	AS DECEASED EV			ECURITY NO.	17 INFORMANT	s. Gloria	DDRESS	made 62	
(1	ES, HOOR UNKNOWN)	(# YES, GIVE W	216-	16-050	A- 140	Cedarwood	id Die	F. Wald	orf. Md
	18 CAUSE OF DE	ATH (Enter only of WAS CAUSED B	one couse per line for (o), (b	, and (c).I					MATE INTERVAL ONSET AND DEATH
	PARTI. DEATE	IMMEDIATE (I SCHEM	IC STROKE			DAYS.	
			DUE TO, OR AS A CONSE	QUENCE OF					
	Conditions, if a		(b) CEREBRAI	ARTERIO	OSCLEROSIS			YEARS	3
	couse (o), st		DUE TO, OR AS A CONSE						
1.3						CULAR DISEAS		LYEARS	
NO	DYSPHAG	IA, RECUR	RENT URINARY	TRACT I	NFECTIONS,	HISTORY OF	RT. BRI	EAST CANO	CER.
CERTIFICATION	19a DATE OF OPE	RATION	196 CONDITION FOR WH	IICH OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDIN TIFYING CAUSES YES [OF DEATH?
	21a. ACCIDENT WAS		216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OC	CURRED (ENTERNATURE O	FINJURY IN ITEM I	8 PART I OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY A	AEDIC AL EXAMINER)	P.M.	19					
MED	21d. INJURY OCC	T WHILE	(AT HOME STREET, FACTORY, OF	CE, FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	AT WORK -AT	WORK	ottended the deceased fro	Nov. 29	10 82	, DEC.	26	1084	that (I) (we) lost
	sow the deci	eosed olive on	DEC 26			nion death occurred on t	he date and h		, , ,
	22b. SIGNATURE	e) (did) (did not) v	iew the body offer death.	D	EGREE			22c. DATE	SIGNED
	Di	Aristo	Omnha		M.D. ATTENDIN	MEDICAL DIRECTOR PH	STAFF IYSICIAN []	DEC. 2	26 1984
	226. PHYSICIAI	NAME ITYPE	100		22e ADDRESS 7900	O OLD BRANC	T AVE.)1
	PETER W	.YIM M.D			CLI	VTON, MARYLA	ND 207:	35	
23a	UNTAN CREMATIC		12 31/84	St. Pato	METERY OF CREMATO	CITY OR TO		Chas.	Md
24 FL	JNERAL DIRECTOR		ADDA	. m	1 001 00 250	DATE REC'D. BY REGIS		STRAR'S SIGNA	VRE .
1	Jartell	Maan	ns aquas	0, 114	120008	IAN 8 1985)	to mo lucios and	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME KNOWN [X] (TYPE OR PRINT) OF ESTI-DEATH MATED ALLEN SILAS WITHIN 72 HOURS PRESTON STREET, 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 1 SEX DATE OF BIRTH DATE FUNERAL DIREC PRONOUNCED 84 Male White DEAD In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED WIDOWED IO. CITY OR TOWN OF DEATH OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Prince George's General Hospital Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 14. FATHER'S NAME MIDDLE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OR TO BURIAL, 210 FXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21L LOCATION COUNTY. STREET, FACTORY, FARM, ETC. 1 CITY OR TOWN STATE NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 220. I certify that I took charge at the remains described above, held an death resulted from: A Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) DATE 12/26/1984 Deputy 5009 Rayburn Ct., Temple Hills, Md. Augusto P MO 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

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	STATE OF MARY
o to	DEPARTMENT OF HEALTH AND
()	ATE CEPTIFICATE OF

AND ENT OF HEALTH AND MENTAL HYGIENE

Southern M. Southern M. OME OR OTHER INSTITUTION GIVE RESIGNATION COUNTY 13t. CITY COUNTY 7 COUNTY 12t. CITY COUNTY 12t. CIT	S. DATE O MONTH OCTO OUNTRY? 8. MARRIE WIDOWEI NI, NURSING HOME O GRESTREET ADDRESS) ATYLAND HOME DENCE BEFORE ADMISSION) Y OR TOWN Y	ber 4, 1927 NEW NEVER MARRIED DO DIVORCED		9, 1984 HDAY) YRS. R COUNTY OF OYGE S ON F WORKING LIFE	UNDER I YEAR	F BUSINE	5 1
4 RACE Caucasian 7b. CITIZEN OF WHAT CO C U.S.A. 11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY.) Southern M. OME OR OTHER INSTITUTION, GIVE RESIL COUNTY 133. CITY INCE George S TO ALLWINE	OUNTRY? 8 MARRIED WIDOWEI IL, NURSING HOME O GIVE STREET ADDRESS) ATYLAND HO DENCE BEFORE ADMISSION) Y OR TOWN emple Hill	ber 4, 1927 Der 4, 1927 Der 5, 1927 Der 6, 1927 Der 6	6. AGE (IN YEARS LAST BIRI 57 9. BALTIMORE CITY OF Prince Geo 12e. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Brick Layer)	YRS. R COUNTY OF Orge 'S ON F WORKING LIFE!	F DEATH Count 126. KIND O INDUSTRY	IF UNDER HOURS	24 HR
4 RACE Caucasian 7b. CITIZEN OF WHAT CO C U.S.A. 11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY.) Southern M. OME OR OTHER INSTITUTION, GIVE RESIL COUNTY 133. CITY INCE George S TO ALLWINE	OUNTRY? 8 MARRIED WIDOWEI IL, NURSING HOME O GIVE STREET ADDRESS) ATYLAND HO DENCE BEFORE ADMISSION) Y OR TOWN emple Hill	ber 4, 1927 Der 4, 1927 Der 5, 1927 Der 6, 1927 Der 6	9. BALTIMORE CITY OF Prince Geo 12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Brick Layer)	YRS. R COUNTY OF OTGE 'S ON F WORKING (IFE)	F DEATH Count 12b. KIND O INDUSTRY	HOURS Y , DF BUSINE	M
Th. CITIZEN OF WHAT CONTROL OF WHAT CONTROL OF HOSPITA (IF NOT IN SUCH FACILITY, Southern M.) OME OR OTHER INSTITUTION, GIVE RESIDENCE GEORGE S. TE	Octol OUNTRY? 8. MARRIE WIDOWEI NI, NURSING HOME O GOVE STREET ADDRESS) aryland Ho: DENCE BEFORE ADMISSION) Y OR TOWN emple Hill	ber 4, 1927 New Never Married Down other Institution spital Center 1134 Inside City Limits?	9. BALTIMORE CITY OF Prince Geo	YRS. R COUNTY OF OTGE 'S ON F WORKING (IFE)	F DEATH Count 12b. KIND O INDUSTRY	Y, DE BUSINE	
Th. CITIZEN OF WHAT CONTROL OF WHAT CONTROL OF HOSPITA (IF NOT IN SUCH FACILITY, Southern M.) OME OR OTHER INSTITUTION, GIVE RESIDENCE GEORGE S. TE	MARRIE MIDOWEI IL, NURSING HOME O GWESTREET ADDRESS ATYLAND HOME DENCE BEFORE ADMISSION) Y OR TOWN EMPLE HILL	NEVER MARRIED DO DIVORCED DIVO	9. BALTIMORE CITY OF Prince Geo	orge's	Count	F BUSINE	
C U.S.A. 11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, Southern M. OME OR OTHER INSTITUTION GIVE RESIDE COUNTY 133. CITY nice George S Te	MARRIED WIDOWEI IL, NURSING HOME O GIVE STREET ADDRESS) ATYLAND HO: DENCE BEFORE ADMISSION) Y OR TOWN Emple Hill	D DNORCED DROTHER INSTITUTION spital Center 134, INSIDE CITY LIMITS?	Prince Geo 12e. USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Brick Layer)	orge's	Count	F BUSINE	
11. NAME OF HOSPITA (IF NOT IN SUCH TACKLITY, SOUTHER TO, OME OR OTHER INSTITUTION, GIVE RESIGNED COUNTY 13t. CITY COUNTY 13t. CITY COUNTY STEPPING ALLWINE	AL, NURSING HOME O CONE STREET ADDRESS) ATYLAND HOS DENCE BEFORE ADMISSION) Y OR TOWN EMPLE Hill	Spital Center	12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Brick Layer	ON FWORKING LIFE)	126. KIND O	F BUSINE	
Southern M. Southern M. OME OR OTHER INSTITUTION GIVE RESIGNOUNTY COUNTY	GIVE STREET ADDRESS) ARYLAND HO: DENCE BEFORE ADMISSION) Y OR TOWN emple Hill	spital Center	Brick Layer	F WORKING LIFE)	INDUSTRY		cc
ome or other institution, give reside county 133. City nace George s Te	pence before admission) Y OR TOWN emple Hill	1134. INSIDE CITY LIMITS?		r	Mason	277	33
nce George S Te	emple Hill	134. INSIDE CITY LIMITS?				ту	_
	LAST		5808 Raybu	zip code rn Driv	re (20	748)	
		15. MOTHER'S MAIDEN NA	WE		LAS		
S ADMED ECDOCESS 144 CO		Gaynell S	mallwood		LAS		
YES. GIVE WAR OR DATES)	CIAL SECURITY NO.	17. INFORMANT	ADDRE				
946-1947 577	-32-2146	Dorothea Al	lwine - Same	e As #1			
nter anly ane cause per line far	(a), (b), and (c)				BETWEEN	MATE INTE	VAI DE
CAUSED BY:	CONGESTIVE	HEART FAILUR	RE		one T	year	
(c)	ITING TO DEATH BUT	NOT RELATED TO THE TERM	VIN AL DISEASE OR CONE	DITION GIVEN	IN PART 10	a	=
196 CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	28a AUTOPSY?	IN CERTIFY IN	NG CAUSES	OF DEA	TH?
ING 216. TIME OF INJUR	Y	21c HOW INJURY OCCUR		1			_
OF DEATH							
		121L LOCATION					
LAT HOME STREET FACTO		STREET	CITY OR TO	WN	COUNTY		TAT
CKNAKK attended the decea:	sed fram Febr	ruary 19 82	2to_DECEMBE	ER 9 19.	84	that (I) 🖟	X
ive on	on	id that in (my) XX opinian	death accurred an the do	ate and hour a	nd from the	causes st	ite
and not, view the body offer de		DEGREE			22c. DATE	SIGNED	_
	- Wh	ATTENDING PHYSICIAN			12/1	0/84	
(TYPE OR PRINT)	1.1						-
otales M D				wau,	DULL	, 007	
	Ing MANE CO.						_
			CITY OR TOWN		OUNTY		TAT
December 13, 1 e Funeral Home	984 Maryla	nd Veterans C	emetery Ch	ertenha	im, Ma	ryla	n
	Tee	147	TE PEC D. BY REGISTRAN	00 '05 A	40 4 - 71	Mark A VIV	-
C S TICT OF C S TICK	DUE TO, OR AS A CONTRIBUTED TO THE CONTRIBUTED TO T	DUE TO, OR AS A CONSEQUENCE OF CARDIOMYOPA and the cost. CANT CONDITIONS CONTRIBUTING TO DEATH BUT IND. CONDITION FOR WHICH OPERATION	CONGESTIVE HEART FAILUR MEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF CARDIOMYOPATHY official off	CONGESTIVE HEART FAILURE CONGESTIVE HEART FAILURE	DUE TO, OR AS A CONSEQUENCE OF CARDIOMYOPATHY OUE TO, OR AS A CONSEQUENCE OF CARDIOMYOPATHY OUE TO, OR AS A CONSEQUENCE OF CARDIOMYOPATHY OUE TO, OR AS A CONSEQUENCE OF OSST. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN OUE TO, OR AS A CONSEQUENCE OF OSST. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN OUR ALL OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) OUT OF TOWN OUT TO BE TOWN OUT THE OF PRINT) OUT OF TOWN OUT OF TOWN	CONGESTIVE HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF CARDIOMYOPATHY DUE TO, OR AS A CONSEQUENCE OF CARDIOMYOPATHY	CONGESTIVE HEART FAILURE One year DUE TO, OR AS A CONSEQUENCE OF CARDIOMYOPATHY DUE TO, OR AS A CONSEQUENCE OF OST. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 197 YES NO FEET WHICH OPERATION WAS PERFORMED 198 AUTOPSY? 198 AU

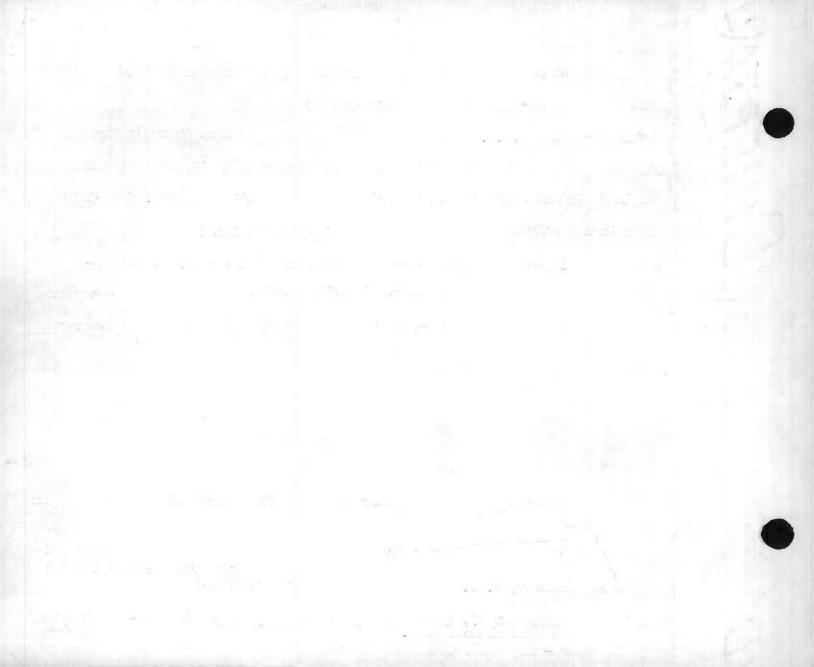
DHMH - 16 50M 4/83

BP.

etoined by the hospital or attending physician.

TO HOSPITAL

Old Alexander Ferry Road, Clinton, Maryland (VRA 15, 4) 6633



Vann & Williams, 4804 Ga. Ave., N.W., Wash., D.C.

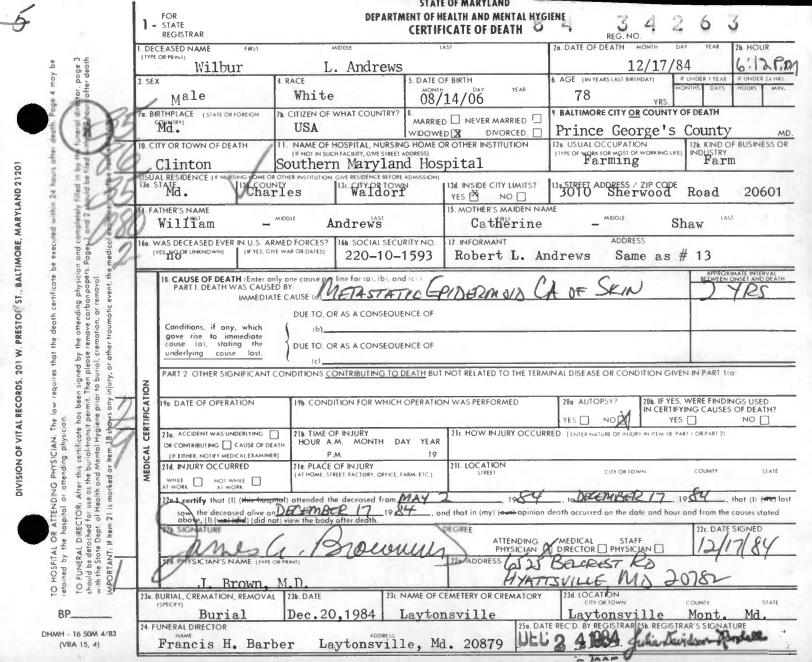
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 BALTIMORE CITY OR COUNTY OF DEATH Prince Georges 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 6309 "K" STREET Bronson' Lavern Florence 3170 Robinson St., SE Washington Das Calerval aluke arterio selestic cordio vanulos BETWEEN ONSET AND DEATH 20 AUTOPSY? YES [] 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and in my opinian 5009 Rayburn Ct., Temple Hills, Md. Sumter, So. Carolina 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Julia Davidson Handelle

STATE OF MARYLAND

DHMH - 17 (VR A15 ME (5)) 20M 4/82

This was a series The same of the same of the same Dance and The relief to be with your The state of the s STATE OF THE PARTY OF THE PARTY

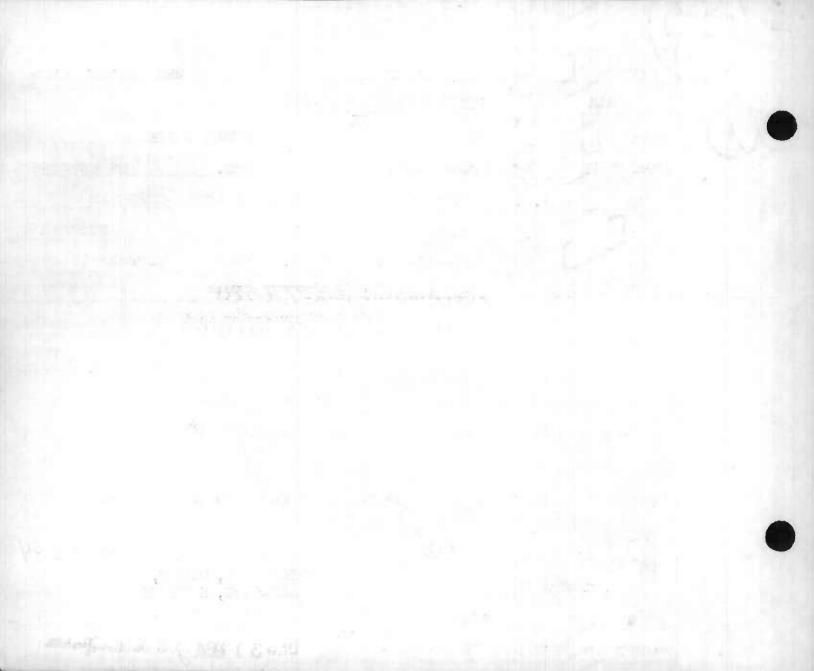


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R	EGISTRAR		MEI	DICAL EXAMINI		West	KLO.	NO:- O	
	EASED NAME OR PRINT)	PIRST	GLAS	BRIAN	APLIN	2a D	OF ESTI-	X MONTH OAY □ 12-11-8	YEAR 26 HOUR
3. SEX	4. 1	RACE	5. DATE OF BIRTH		RS IF UNDER 1 YR. IF L	JNDER 24 HRS. 2c.	DATE NOUNCED	12-11-8	
		White		5,1967 17 YR	Month Days		DEAD	12-11-0	19 %
D. BIR	THPLACE (STATE	OR	76. CITIZEN OF WH	TAT COUNTRY?	MARRIED NEVER	MARRIED LA		Y OR COUNTY OF	
	shingto		U.S.A.					eorge's C	
W,CIT	Y OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS) George's Col	OR OTHER INSTITUTION	12a. USUAL O	OF WORKING LIFE)		RINDUSTRY
Or	neverly	N NURSING HOME O	Prince	George's Col	inty Hospita		-	2000	struction
IJa ST	aryland	Howa:	TY	13c. CITY OR TOWN Clarksvil	13d. INSIDE CITY LI	MITS? 13e STREET A	DDRESS 2 Triade	1029 lphia Mil	1 Rd.
JA. FA	THER'S NAME FIRST		MIDDLE	LAST	15. MOTHER'S FIRST	MAIDEN NAME	MIDDLE		LAST
	esse		J.	Aplin	Delor NO. 17 INFORMAN				urst
16a. W	'AS DECEASED E S. NO, OR UNKNOWN	(IF YES, GIVE	WED FORCES? WAR OR OATES)	215-92-465		esse J. Api		No# 13e	
		EATH (Enter on	y one cause per line	far (a), (b), and (c).)					APPROXIMATE INTERVAL
	PARTIDEAT	H WAS CAUSED		Cranio-cere	bral trauma			881	TWEEN ONSET AND DEATH
/	0120	4		AS A CONSEQUENCE C	OF .				
		if ony, which to immediate	(b)						
1	cause (o) sto lying cause	oting the <u>under</u> - last.	DUE TO, OR	AS A CONSEQUENCE O	F				
			(c)						
	PAKI Z DIMER SIGNII	FICANT CONDITIONS	CONTRIBUTING TO BEATN	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIV	EN IN PART 1 (a).			
CERTIFICATION	190. DATE OF OF	PERATION	196 CONDI	ION FOR WHICH OPERA	ATION WAS PERFORMED)?		120	AUTOPSY?
H. C.			100						YESXX NO
3 8	210. EXTERNAL C		21b. TIME OF		driver of	CURRED (ENTER NATURE	OF INJURY IN ITEM	A 18 PART 1 OR PART 2)	d the year
) इ	UNDERLYING CONTRIBUTING		P,M		ariver of	a mototcy	dumn to	o linhacre	d the real
- FE 143	214 INJURY OCC		21e PLACE C	OF INJURY (AT HOME,	O PHEIGUNDO	wdor Rd &	minus	COUNTY	STATE
2	AT WORK	NOT WHILE IX	SU	ee t		wder Rdche	inegaRoa	ad Belts	ville,Md.
	22a. I certify t	hat I took chorg	e af the remains des	cribed above, held on	Autapsy XX, In:	spection , Inc	quiry ,	and in my opinion	
2	death resulted	from: Natur	ol causes ,	Accident X, Suit	cide . Homicide	Undetermin	ed manner],	
		A A A al	200		TITLE (SPEC	IFY)		DATE 12	-11-84
	ACTUAL				ACCIC	Lall			11 01
	ACTUAL SIGNATURE	CVV	YXU		M.D. Assis			SIGNED	
2	SIGNATURE EXAMINER'S NA (TYPE OR PRINT)		M.Dixon,		111 P	enn Street	t	SIGNED	
2	EXAMINER'S NA (TYPE OR PRINT) JRIAL, CREMATIC PECIFY)	N, REMOVAL 2	3b. DATE	23c. NAME OF CEM	111 P ADDRESS	enn Street	t ION	COUNTY	
230. BU	EXAMINER'S NA (TYPE OR PRINT) JRIAL, CREMATIC PECIFY)	on, REMOVAL 2	3b. DATE		111 P ADDRESS METERY OR CREMATORY COIN Cemeter	enn Street	ion twood	county P.G.	Maryland

inle - white March 15,1857 17 and A. R. W. D. C. nestyon Fdnn meiderate of the val DODIE . In Ithis circles to be but I come of typ, 4 cf 3 brancht but frend rene for an english rogula or or niles, to see a see of the handers to the formation of the first terminal for the first and the first terminal for the h. darelts some t. H. T. . Hvatteville, "srylank

STATE OF MARYLAND



1	FOR		DEPART		F MARYLAND LTH AND MENTAL	HYGIENE	
+	STATE REGISTRAR				S CERTIFICATED	971 A	No.2 6 6
	CEASED NAME	FIRST	WIDDLE	4	LAST	20. DATE KNOWN	MONTH DAY YEAR
144	Lac Lac	ita	R.	AN	uxrd	OF ESTI- DEATH MATED	012-121984
3.58	X 4. RACE	S. DATE OF E	IRTH DAY YEAR		FUNDER I YR. IF UNDE	R 24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR
1	unde Wh		3 1897	87 YRS.	DAIS HOOKS	0000	12-12-1984
100	HRTHPLACE INTARCH.		OF WHAT COUN		ARRIED NEVER MAR		
	ashington St				OOWED X DIVOR	CED Prince G	
221			UDIFACILITY, OND ET		And lel	FOR MOST OF WORKING LIFE) Housewife	OR INDUSTR
	linton AL RESIDENCE (IF IN NURSI				my		at nome
13a M	aryland I	Prince Geor		ORTOWN Hill	YES X NO	E000	Dr. 20745
	ATHER'S NAME	MIDDLE			15 MOTHER'S MAIL		LAST
	THOMAS	MODIE		ROWN	HANNA		BINS
160.	WAS DECEASED EVER IN YES, NO, OR UNKNOWN) (1	U.S. ARMED FORCES		CIAL SECURITY NO	. 17. INFORMANT	ADDR	ESS
	NO		539-	16-1766	Raymond J	ames same as	item 13
	18 CAUSE OF DEATH PART I DEATH WAS	(Enter only one cause	pe for (a), (b)	and (c).)			APPROXIMATE BETWEEN ONSET
		MMEDIATE CAUSE	esterno	surve	u ceremo	Cardiolas	culey
		DUET	D. OR AS A CON	ISEQUENCE OF			descer
	Conditions, if ony						
100	gave rise to in cause (a) stating th		D, OR AS A CON	ICE OUEN CE OF			
	lying couse last.	DOE 1	D, OR AS A CON	ISEQUENCE OF			
	and Chine County only	(c)					
z	A Le Le Te	DADITIONS CONTRIBUTION TO	DEATH BUT NUT RELA	TED TO THE TEXMINAL C	ISEASE OR CONDITION GIVEN IN I	ART 1 (a).	
1 5	190 DATE OF OPERATI	ION 196 C	ONDITION FOR	WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?
CERTIFICATION							YES 🗆
ERTI	210 EXTERNAL CAUSE		ME OF INJURY		L. HOW INJURY OCCURE	ED LENTER NATURE OF INJURY IN ITE	
	UNDERLYING OF	4	R A.M. MONTH				
MEDICAL	21d INJURY OCCURRE		P.M. ACE OF INJURY	19 (AT HOME, 21	LOCATION		
ME	WHILE NOT W	HILE STRE	ET, FACTORY, FARM, E	TC.)	STREET	CITY OR TOWN	COUNTY
	AT WORK - AT WO	ORK					
	22a I certify that I to	ook charge of the remo	ns described abo	ve, held on A	utopsy . Inspect	on . Inquiry .	ond in my opinion
	death resulted from:	Notural causes	. Accident	, Suicide	, Homicide	Undetermined manner	
	_	//.	no	-	TITLE (SPECIFY)		
	ACTUAL SIGNATURE	legusto y	Lode	files	M.D. Deputy	MEDICAL EXAMINER	DATE 12 -/2
		1	/	10			
	EXAMINER'S NAME (TYPE OR PRINT)	Augusto P.	Rodrigue	12, LM. D.	ADDRES 5009 F	Rayburn Ct., T	emple Hills, M
23a	BURIAL, CREMATION, REA				RY OR CREMATORY	23d. LOCATION	COUNTY ST
C	remation	12/14/8	34 Ce	dar Hill	Crematory	Suitland	P.G. Mc
24	FUNERAL DIRECTOR		DORESS			0 1/4	EGISTRAR'S SIGNATURE
1	P. Kalas 61	60 Oxon Hi	11 Rd. 0	xon Hill	Ma. DE	U 1 7 1984 Free	a Davidson-Randa Me
-2							

PR 51 48		Jan L	K. A	\$7.4b	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN X YEAR 7h HOUR (TYPE OR PRINT) LEROY BARTO DEATH MATED 1084 4. RACE 3 SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DAY 3:45 p_M DATE LAST BIRTHDAY) PRONOUNCED Caucasian Jan. 8,1926 58 Male 184 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Texas U.S.A. DIVORCED | Prince George's County WIDOWED I. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Engineer Bechtel Corp. Southern Maryland Hosp. Clinton SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 77084 136. COUNTY 130 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 15602 Laurel Heights Harris Houston Texas 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Myrtle MIDDLE Sanders Clarence Barto 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 15602 Laurel Heights (YES, NO, OR UNKNOWN) 465-20-0852 Nathan Barto Houston, Texas 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI PRECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1 PAGE 43 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALLIMORE, MARTHAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Multiple injuries MANEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX NO 1 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR XXX MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR CONTRIBUTING Cause of DEATH 1:45 P.M. 12-2- 1984 Pilot of airplane/parked motor vehicles collision CITY OR TOWN COUNTY WHILE AT WORK parking lot Hyde Field Clinton Prince George's, Md. 220. I certify that track charge of the remains described above, held on Autopsy Inspection and in my apinian Notural causes Homicide Undetermined monner TITLE (SPECIFY) /Assistant 12-3-84 MEDICAL EXAMINER Dennis F. Smyth, M.D. EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23d. LOCATION STATE Burial 12/7/84 Spring Hills Cemetery Harrodsburg Ky. 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. www.wwidoor-pandelle DEC (VR A15 ME (5))

The Control of the Control A.B.II Trineer recetel Com. 77081 strain legum Son I notelo sime your 2793 0[tyv] 90707-10 otasi lexumi 2001 otasi nefin 19201 anxin, mo.t-cut Driel 12/7/84 oring ills eretery Engogene C. P. 12 ct o cros fill d. cros fill, to. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral directs should be detached for use as the burial-transit permit. Then please remove carbanopers. Pages 1 and 2 should be filled within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	- STATE REGISTRAR			DEPART	CERTIF	ICATE OF DEATH	REG. N	0		
	CEASED NAME	FIRST	,	MIDDLE	t/	AST		MONTH	DAY YEAR	26 HOUR
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3. SE)	X		RACE	Werlete)	5. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HR
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()	WAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	218-54-		Mr. Jacob Ba	ADDRI Aturo	N. C	dress Saparation of the state o	ame as
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

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 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove corban pages. Pages 1 and 2 shauld be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremotian, or remayal.

	STATE OF MARYL
FOR	DEPARTMENT OF HEALTH AND
STATE	

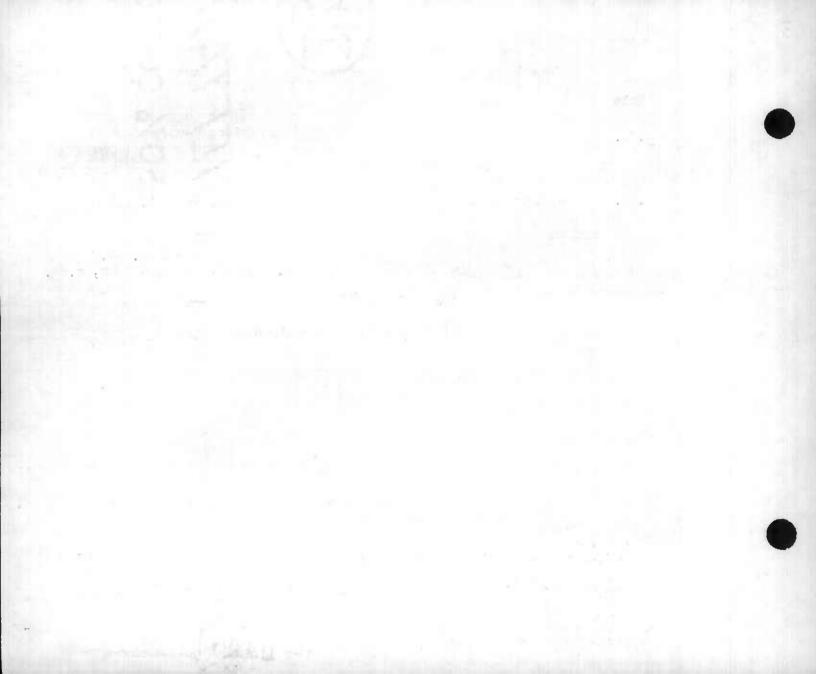
AND MENTAL HYGIENE

	REGISTRAR				CERTIF	CATE OF D	EATH Q	REG. N	10.	. / 0
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3. SEX	Female		RACE Whi	te	5. DATE C		YEAR O.7	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
CO	THPLACE (STATE OR F		CITIZEN OF		ITRY? 8. MARRIEI	NEVER M		Prince Ge	OR COUNTY	
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[YES	AS DECEASED EVER S, NO OR UNKNOWN) NO	IN U.S. ARME (IF YES, GIVE V			SECURITY NO. 16-8977	17 INFORMA		. Bennet	336	attsville, M
1	& CAUSE OF DEATH	H (Enter only	one couse per	line for (o), (l	b), and (c)	F E				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH W	IMMEDIATE	BY: CAUSE (o)	Acute	sepsis	1 1 1/2				Three days
				Parki	nson's d	isease:	Athe	NAL DISEASE OR CO	is	
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	226. SIGNATURE	00	Reins	har		DEGREE AD	TTENDING X	MEDICAL ST.	AFF ICIAN []	12-12-84
	Jerald R			.D.		27e ADDRES	5			dale, Md. 2073
	JRIAL, CREMATION, PECIFY) Buria		23b DATE 12/15	/84	23c NAME OF C	emetery or c	REMATORY metery	Rockvil	le M	ont. Maryla

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified of oeco.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remaye corban appearwith the State Dept; of Meolth and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

								REG. N	O.				
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-	TOWN OF D	ATH	11. NAME OF	HOSPITAL, NURSI	ING HOME C	OR OTHER INSTITUTION	12e. USUA	OCCUPAT	ION	12b 1	(IND OI	BUSINE	
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DHMH - 16 50M 4/83 (VRA 15, 4)

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Funeral Home

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16000 Annapolis Road 250 Date REC'D. BY REGISTRAR'S SIGNATURE BOWIE, MD 20715 DEC 2 1 1984 June Waydson-Hone juna Davidson Handale

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26. HOUR 20. DATE KNOWN XX MONTH (TYPE OR PRINT) OF ESTI-H. Ursula Blombera 19 84 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED Female Cauc. 84 9:40F 22 30 54 3 DEAD YRS To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED USA WIDOWED X DIVORCED Germany Prince George County 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cosmetologist Largo SHOULD BE Manor University Nursing Home Make-Up JSUAL RESIDENCE UP IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 13a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Pr. George Camp Springs 7310 Easy St. 20748 YES X NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE August Wurriehausen Muller C. Anna DIVISION OF 17. INFORMANT Col. Charles H. Bird 702 Loch Ness Cr. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 467-52-6549 no CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) RITING THE WORD." PENDING." IN PENCIL
RDED TO THE CHIEF MEDICAL EXAMINER
GE 3 SHOULD BE USED AS A BURIAL. TRANSIT REMIT
EPARTMENT OF HEALTH AND MENTAL HORRED
ZOT PRIOR TO BURIAL, CREMATION, OR REMOVAL APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Blunt trauma to head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 1:07xx 2/26/84 CONTRIBUTING CAUSE OF DEATH beaten 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211 LOCATION TO MEDICAL EACHTEICATE, WRITIN EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) NOT WHILE STATE AT WORK AT WORK 7310 EasyStreet, Camp Sp. PrinceGeorgeCo.MD home 72s I certify that I took charge of the remo described above, held an Autopsy XX Inspection Inquiry and in my opinion Suicide Homicide Undetermined monner Assistant 12/6/84 MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth MD (TYPE OR PRINT) 111 Penn Street Balto MD 230 BURIAL, CREMATION, REMOVAL 236 DATE COUNTY STATE 12/13/84 Burial Arlington Nat. Cemetery Arlington Va. 07/84 DEC 1 0 1984 PLANTED TO THE PROPERTY OF THE PR 25M 24 FUNERAL DIRECTOR DHMH 17 Julia Davidson Handall G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. (VR A15 ME (5))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 4/83

MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the

Funeral Home (VRA 15, 4)

FOR - STATE

16000 Annapolis Rd. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE DEC 21 1984 Julia Davidson-Randere

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 7a. DATE OF DEATH MONTH DAY YEAR 2b HOUR TYPE OD DO -00 1 SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINES (TYPE DE-WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 90 DATE OF OPERATION 1%, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21m. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (the heapital) attended the deceased from 100007 1 saw the deceased olive on Startemack , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above (th (we) (did not) view the body ofter death 226 SIGNATURE DEGREE 77v. DATEAIGNE MPORTANT 22e ADDRESS the 0 23c NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE BP. 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)

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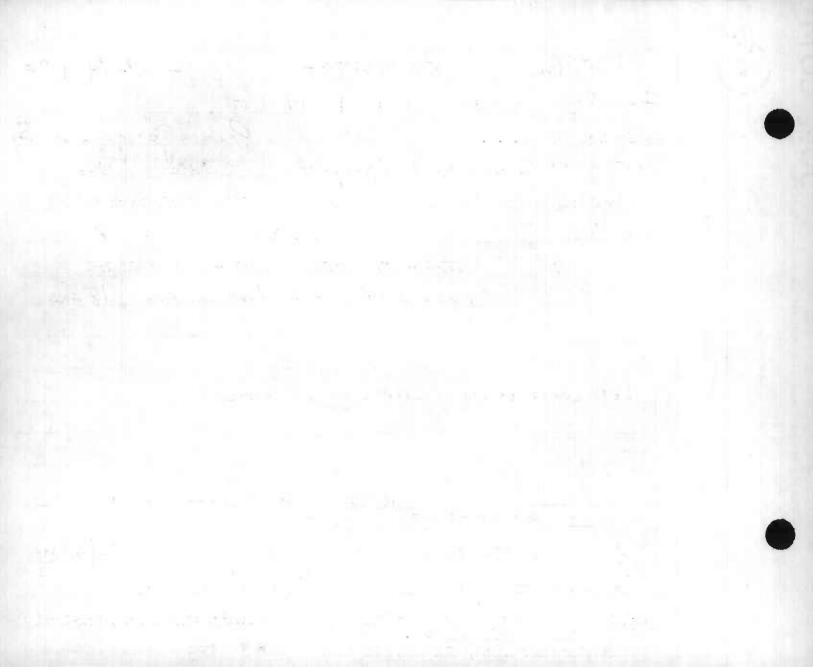
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Old Alexander Ferry Road, Clinton, Maryland (VRA 15, 4) 6633

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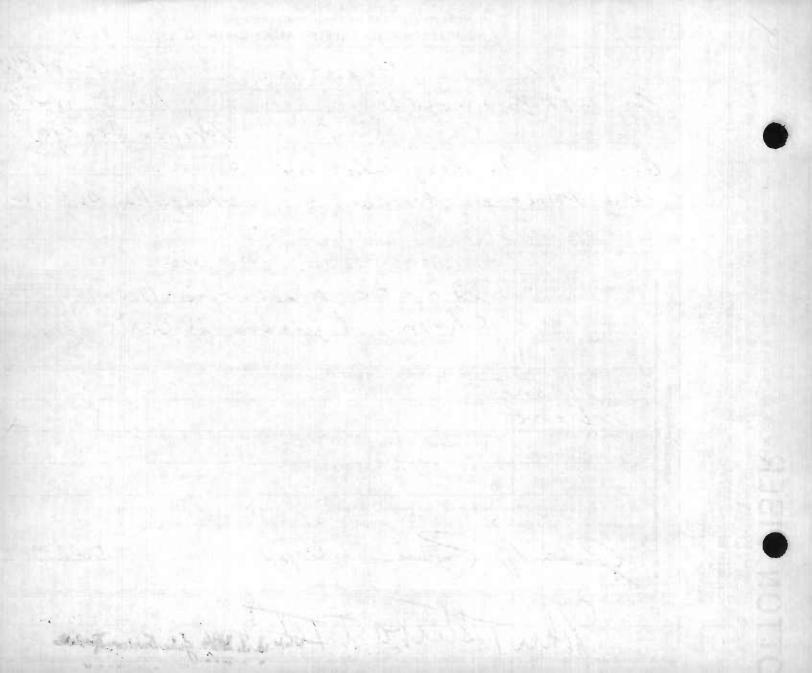
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED [DATE LAST BIRTHDAY) PRONOUNCED 70 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED [Georgia ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Cab driver 13d INSIDE CITY LIMITS? 13e STREET ADDRES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE FIRST Alexander Brantley Agnes Betts 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS. (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 56 1102 Mary Martin-nieceno CAUSE OF DEATH (Enter only one cause per line fag (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? USED, 19a DATE OF TIPER 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME II LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PYAFTER DEATH, WITH THE STYLMORE, MARYLAND, 2 Inspection D 22a I certify that I taak charge of the remains described above, held an Autapsy Inquiry Natural causes Accident Suicide __ Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER TYPE OR PRINTS ADDRESS. 230. BURIAL, CREMATION REMOVAL 236 DATE MIL NAME OF CEMETERY OR CREMATORY 33d LOCATION Burial Dec Laurel, Maryland BP 24 FUNERAL DIRECTOR **DHMH - 17** Stewart (VR A15 ME (5)) 20M 4/82



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 26 HOUR DECEASED NAME TYPE OR PRINTS BREWINGTON 12 01 84 1 00P MAZIE IF UNDER 1 YEAR 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX March 27, 1892 Female Negro 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED | NEVERMARRIED PRINCE GEORGE'S COUNTY ULS.A. Baltimore, Md. WIDOWED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) C&B Telephone PGG HOSPITAL & MEDICAL CENTER Custodian CHEVERLY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e.STREET ADDRESS / ZIP CODE Prince Geoge Landover 7704 Hill Maryland IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Solomon F. Prattis Julia R. Holiday ADDRESS Maryland 20785 17. INFORMANT 16b SOCIAL SECURITY NO D. Prattis Brewington, 1104 Hill Rd., Landover 212-10-0736 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: CARDIAC ARRHYTHMIA IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF 1 MONTH MYOCARDIAL INFARCTION Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF MANY YEARS (c) HYPERTENSIVE CARDOVASCULAR DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to DIABETES MELLITUS, CHRONIC RENAL INSUFFICIENCY 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NOI NONE 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 22a.t certify that (1) (this haspital) attended the deceased from 24, and that in (my) (our) apinian death occurred an the date and have and from the causes stated

should b MPORT 23a. BURIAL CREMATION, REMOVAL 23b. DATE

FOR

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

MELVIN D. GERALD, M.D.

23d LOCATION

8005 GEORGE PALMER HGWY. GLENARDEN, MD.

Burial

24 FUNERAL DIRECTOR

Federal Hill Cemetery

Federalsburg Caroline, BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

DHMH - 16 50M 4/B3 (VRA 15, 4)

Framptom-Hawkins Funeral Home, 216 N. Main St

Dec.8

23c. NAME OF CEMETERY OR CREMATORY

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W. CHAMBERS CO. 5801 CLEVELAND AVE. RIV. Md.

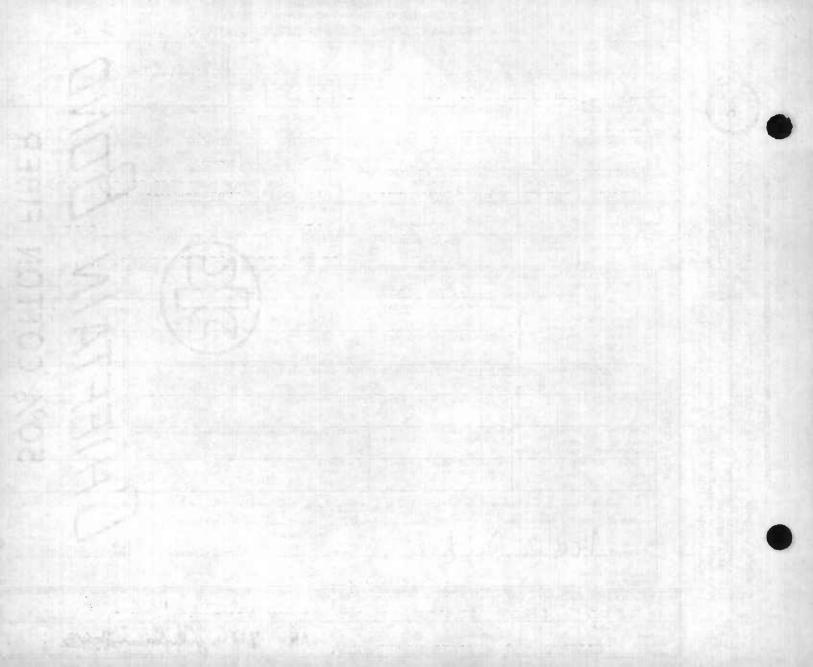
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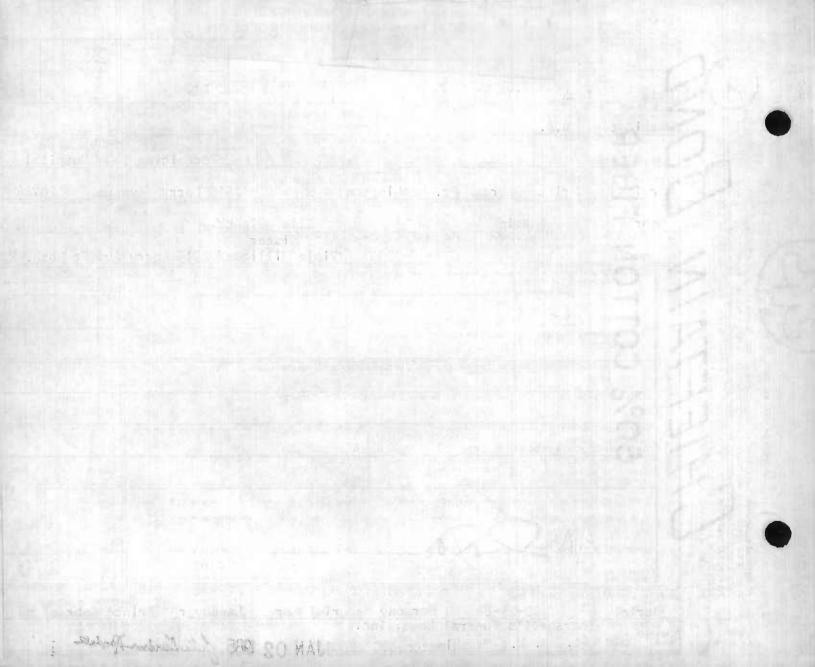
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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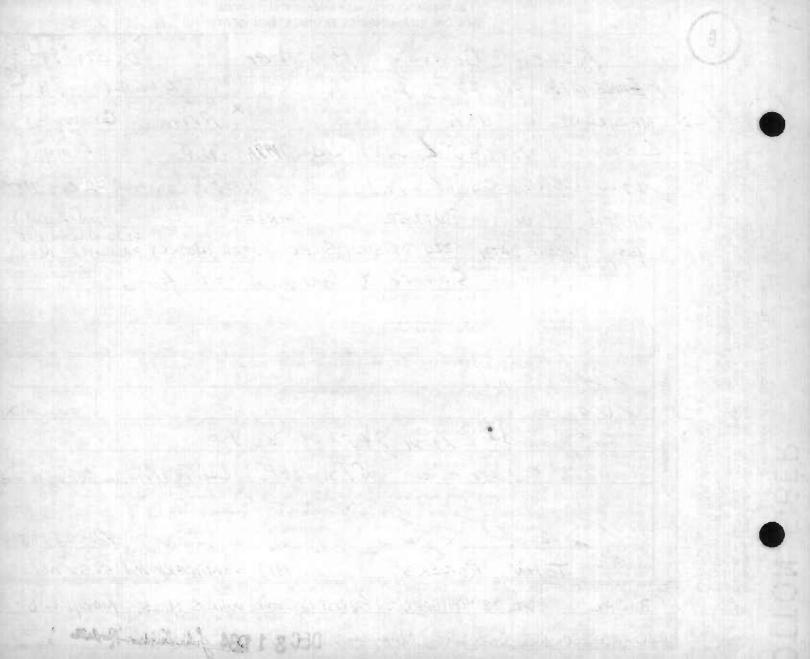
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			CEASED NAME	FIRST		WIDOLE		LAST	2a. DATE KNOWN	X	AR 26. HOUR	
	2000				ROBIN	E	LAINE	BURTON	DEATH MATED	77 - 77 - 0-1	M	
	BETOE	1 SE		4. RACE	S. DATE OF BIRTH		E (IN YEARS IF L		DER 24 HRS. 2c. DATE I MIN. PRONOUNCED		1:15P	
	A SEE SE	F	EMALE	B _T ,ACK	OCTOBER 2		YRS.	7	DEAD	12-22-84	Т:15 м	
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	교육유립 등		ITY OR TOWN		11. NAME OF HOS	PITAL, NURSING		HER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LIFE)		BUSINESS	
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Š.			ATHER'S NAME				77222	15. MOTHER'S MA	AIDEN NAME			
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	EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: VITH THE S WARYLAND,		death resulte		urol couses XX,	Accident .	Suicide	, Homicide	Undetermined monner	7.		
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.8	SURIAL, CREMA	TION, REMOVAL	236. DATE	23c NAME	OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
07/8			BURI	AL I	ECEMBER 2	7, 1984	HARMON	Y CEMETER			1.D.	
25M	DHMH - 17	24. F	UNERAL DIREC	TOR	AOORESS		1311	25a. DA		EGISTRAR'S SIGNATURE	9	
	(VR A15 ME (5))	7		VILLIAMS	4804 GEC	RGIA AV	ENUE, N	W. JAN	· Maria	migra-Mouses	A	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN IX MONTH LTYPE OR PRINTI ESTI-DEATH MATED BUSSIE 12 25 JAMES 1984 4 RACE DATE OF BIRTH A AGE LIN YEARS IF UNDER 1 YR. IE LINDER 24 HRS 2d HOUR DATE 10:42 a M LAST BIRTHDAY PRONOUNCED 27 50 1084 Black 24 Male 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington, □ Prince George's County D.C. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS Prince George's Gen. Hosp. Lab-Technician Cheverly Hospital TAIN P 13d. INSIDE CITY LIMITS? 30 STATE 13e STREET ADDRESS Prince George Ft. Washington Maryland YES X NO [2515 Larry Avenue 20744 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST T. PAGES I AND DIVISION OF VIT Bussie Ella George Blanks 17. INFORMS TSter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 577-68-0233 Viola Williams/ 2515 Larry Ave Ft Wash. Md 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotqun wound of abdomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO DEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR 9 xxx 12-25-19 84 Subject shot. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SH AFTER DEATH, WITH THE STATE DEPR BALTIMORE, MARYLAND, 21201 PRI 211 LOCATION WHILE AT WORK 4908 Iverson Pl., Temple Hills, Prince Geor house 22a I certify that I took charge of the remains described above, held an Inspection Hamicide X Undetermined manner deoth resulted fram: Notural causes Accident TITLE (SPECIFY) ACTUAL SIGNED_12-26-84 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23e BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 12-29-84 Harmony Memorial Park Landover Prince George Burial 07/B4 24 FUNERAL DIRECTOR Marshall's Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** St., N. W.; (VR A15 ME (5)) Washington, DC 20011A



1/	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
1	1-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 REGISTRAR	5 64
(:6)		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH	DAY WAR THE HISTO
H VU	(146	PEORPRINTI Laver Demos & But to Death MATED 1700	2119 89 0
16188	3. SE>	X RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH	DAY HAM IN ME
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W. W. P. W.		gave rise to immediate (b)	
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DIN E: THIS C E: WRII RWARD F PAGE STATE (10	AT WORK AT WORK HO MILE VILDWELL OF CONTROL	GEOV & CMG
NO. HE SE		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry . ond in my of	pinion
STEE STEEL	14	death resulted fram: Notical causes . Academ Suicide . Homicide . Undetermined monner .	
PUB PER		ACTUAL TITLE (SPECIFY)	700010000
AHEREN -		SIGNATURE M.D. MEDICAL EXAMINER SIGNA	1004/98 g
WOE WEE		EXAMMER'S NAME JO HN ROGERS ADDRESS 1919 SEMINARY Rd. S	es and
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SITE	20 -	ADDRESS 7	·31 190.
	130.8	(SPECIFY) CITY OR TOWN COU	NTY STATE
BP	74 F	BURIAL DEC. 28, 1984 GARRISON FOREST CONSTANT OWNESS MILLS A	IGNATURE
DHMH - 17	1.1	NAME ADDRESS	Addition of
(VR A15 ME (5))	W.	WCHAMBERS CO., INC. RIVERDACE, MARYLAND OFG 3 1 004 Julia Buildon-To	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) DEATH MATED Ellen 19 84 IF LINDER 24 HRS DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED Feb 28, 1913 DEAD Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATI BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY U.S.A. West Virginia WIDOWED P DIVORCED [10 CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Propellant Hand. USGov Cheverly Charles Indian Head 82 Mattingly Ave Maruland 3d. INSIDE CITY LIMITS? YES NOX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Minta Marvin Lambert Ellen Carpenter Thomas ARRESO ChrisMar Ave 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 236-28-1884 John R. Byrd Sr. Clinton, Md 20735 No CAUSE OF DEATH (Enter only one cause per log for (a), (b), and (c) PART I DEATH WAS CAUSED BY DUE TO, OR AS A MONSEQUEN Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f LOCATION WHILE AT WORK 220 I certify that I took charge of the remains described above, held on and in my apinian Accident death resulted fram: Natural causes Suicide Hamicide ____ Undetermined manner TITLE (SPECIFY) MD Deputy 5009 Rayburn Ct., Temple Hills, Md. EXAMINER'S NAM Augusto P ADDRESS 23c. NAME OF CEMETERY OR CREMATORY Trinity Mem. Garden Waldorf, Charles, Maryland 12/10/84 24 FUNERAL DIRECTOR P. D. Box 156 **DHMH - 17** Waldorf. Md. (VR A15 ME (5)) 20M 4/82

STANKER MINE SERVICES TO STANKE STANK serious de la company de la co Chaverly County Company of the State of the anylond sharing . Indian com a last the longing Testing The test of the state o a care of the court in Jurid St. Clinton, Na 20719 Buthey have no south ways - The to The Tierry of the second last her his a reduced The spice of the state of the place of the state of the s They to Police march 1-2-7-14 Desert I / 17/ N Printer Person Laurence Lauren volentel un Anna Lauren Lauren monte Eurery and williams, Hel. 20101

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REGISTRAR

- STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22 MALCOLM GROW USAF MEDICAL CENTER AAFB DO USAF Med Cer Franklin, STATE Poplar Spring DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE CTOR James Wmight DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

12b. KIND OF BUSINESS OR

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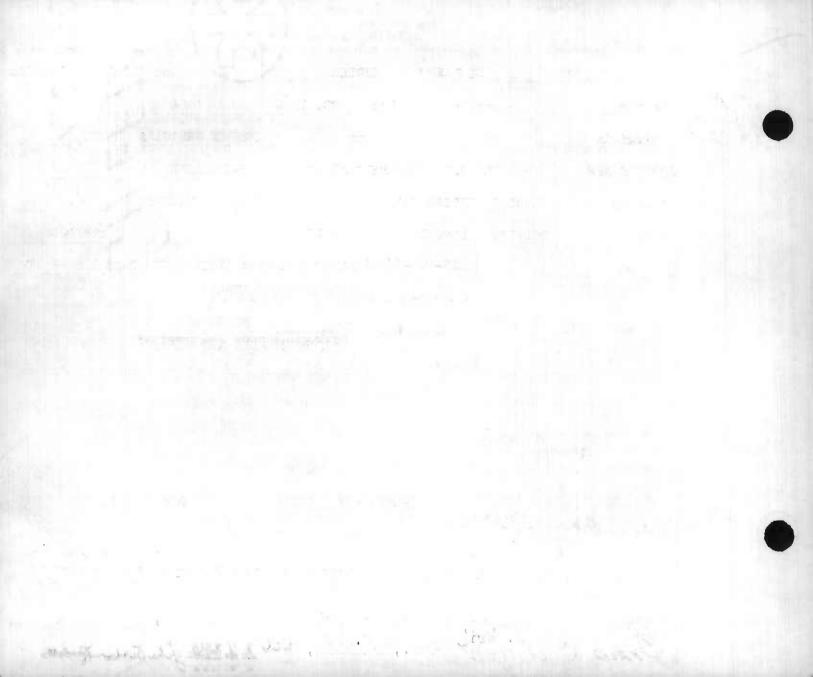
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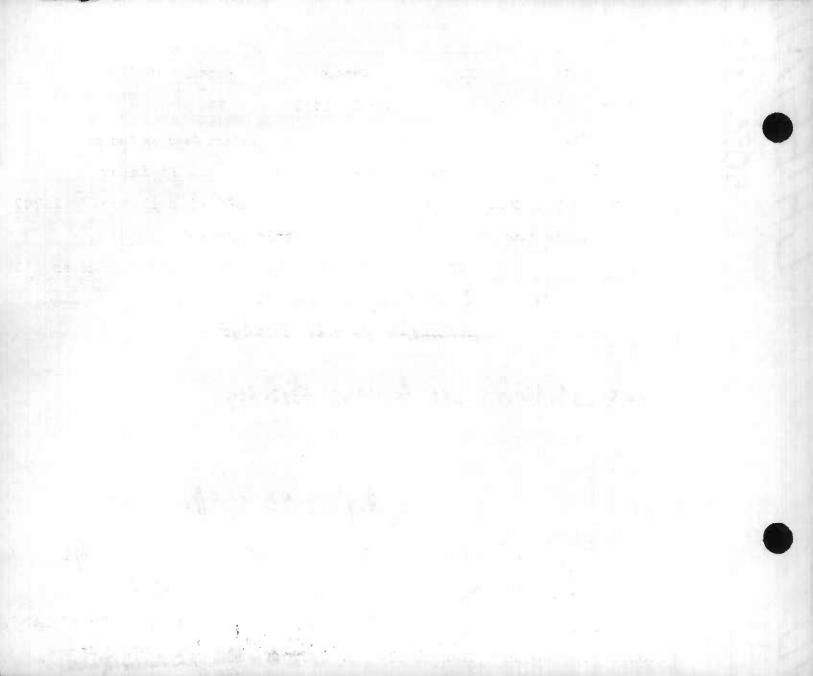
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	3 SEX			4 RACE		5 DATE C			6 AGE (INYEARS	LAST BIRTHDAY)		RIYEAR	IF UNDER	6-4 TING
ı		Male		Blac	k	May	2, 1	913 ***	71	Y	RS.	DAY5	HOURS	MIN.
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7		Y OR TOWN OF DE		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET	ADDRESS)			12a USUAL OCC	UPATION EMOST OF WORK	ING LIFE) INC	KIND OF	BUSINE	SSOR
4		Laurel			Laurel B		ille H	ospital	Cemer	nt Fin	nishe	r		
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Я		FIRST A		Carter	LAST			Patti	e Burre	DDLE 211		LAST		
1		AS DECEASED EVER	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM			ADDRESS				
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1		cause (a), state underlying causi		DUE TO, O	r as a conseoul	ENCE OF								
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	CERTIFICATION	90 DATE OF OPERA	MOITA	196 COND	DITION FOR WHICH OPERATION WAS PURFORMED			DRMED	IN CERTIFYI			, WERE FINDINGS USED YING CAUSES OF DEATH?		H?
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				1) view the body		14.0	nd that in (m)) (aur) opinian	death occurred o	n the date and	d hour and f			
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	Ge	orge R.	Snow	den	Rockvil	Te,	Ma. 2	O ROOM	THE PROPERTY.	della to		20		

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the



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DELL FUNDER DEPRES DECEMBER 1970

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEA	TH O	REG. NO.	7 1	
1		EASED NAME	FIRST	h	MIDDLE	L	AST		20 DATE OF DEATH MONTH DAT	YEAR 26	HOUR
	(I YPE	GEORGI	Ε.	J.			enette.	Jr.	12/26/84	7.56pm	
	3 SEX		4. RACE		5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY) IF		UNDER 24 HRS	
	Male Ca			Cauc		10	19 2	27	57 YRS.	NINS DATS I	MIN.
5	COUNTRY			76. CITIZEN OF	WHAT COUNTRY?			9 BALTIMORE CITY OR COUNTY O	FDEATH		
X	Ma	SS.		USA		WIDOWE			PRINCE GEORGE	S COUN	TY MD.
1	10. CI	TY OR TOWN OF DEA	TH	11. NAME OF H	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITU	NOITI	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF B	SUSINESS OR
4		LINTON		SOUTH	ERN MAR	CLAND	HOSPIT	CAL C	ENTER Retired	Finte	r
1	USUA 130 S	L RESIDENCE (IF NURS	136 COU	NTY	13c CITY OR TOW	N	134 INSIDE CITY	LIMITS?	13e.STREET ADDRESS / ZIP CODE		
		ryland	Pr.	George	Oxon Hi	11		0 🗆	1512 Birchwood	Dr. 207	45
1	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA		MIDDLE MIDDLE	LAST	
		George		J.	Chenet		Mai	rie		Burne	ell
	(Y	AS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT		ADDRESS		
	У	ев	"WWI	I	020-20-5	377	Dorothy	A. Cr	nenette same as :		
		18 CAUSE OF DEAT	H (Enter a	nly ane cause per	line for (a), (b), an	-	144		1.1.1	BETWEEN ONS	TE INTERVAL SET AND DEATH
34		PART I. DE ATH W		TE CAUSE (a)) Au	le_	mysta	ou	dial inforcer	22	
				DUE TO, Q	R AS A PONSEQUE	NCE OF	0	10		h	
		Conditions, if ony,		1 10	0 000	MA	am	dis	tense A. oc	lewsis	
		gave rise to imm cause (a), statin	g the	DUE TO, Q	LAS A CONSEQUE	NCE OF	D .		1001	1 - 1	
		underlying cause	last	1 106	D Prog	1000	we en	none	nd inthektic	uss.	
9	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO MATH BUT NOT RELATED TO THE TAIMINAL DISEASE OF CONDITION GIVEN IN PART 110								Maria	
	TIO	LHK	(1)	retass	ases a	mak	ground of	umo	20g AUTOPSY? 200 IF YES,	oun,	Lange
	CERTIFICATION	190 DATE OF OPERA	IION	INE. COND	HOW SOM WHILE	Present	A MYS LEKLOWN	40.	IN CERTIFYI	WERE FINDING NG CAUSES OF	F DEATH?
	ERTI	21g. ACCIDENT WAS UNE	DERLYING F	7 21b. TIME O	E IN II IRY	-	171, HOW IN HIS	N OCCUPP	ED (ENTER NATURE OF INJURY IN ITEM 18 PAR		NO 🗌
9		OR CONTRIBUTING	h-	110110 4	M. MONTH DA	YEAR	THE HOW MAJOR	VI OCCORR	EO TEMER NATURE OF INJURY IN THEM TO PAR	I (OR PART 2)	
/	MEDICAL	(IF EITHER NOTIFY MEDI		R) P 21e PLACE		19	211. LOCATION				
	ME	WHILE TO NOT WE			REET, FACTORY OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
		AT WORK AT WO	RK .		1 16	13	1111	017	12/96/	ou.	
		220 I certify that (1) saw the decease		4.0		84	nd that in (my) (ou	ir) opinion d	death occurred an the date and hour o		it (I) (we) last
		above, (1) (we) (c 22b. SIGNATURE	did) (d/d no	of) view the body	ofter death.		DEGREE	., ., .,	The second of th	224 DATE SK	
			4	100.	Modera	. 111	ATTE		MEDICAL STAFF	Dec	22/04
-		22d. PHYSICIAN S N	AME VIII	<u>uuun</u>	Culm	7. pv	PHY 12e ADDRESS	SICIAN	DIRECTOR PHYSICIAN	De.	2901
		B Have	/:	DOAN-	M.D		11720	OXON	SHILL Rd. TOI C	YOALH.	1/mh
1	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CRE		1234 LOCATION	(5/0////	71-10
	.5	SPECIFY)		12/31/			eran Ceme		Cheltenham	P.G.	Md.
	_	INERAL DIRECTOR					1		REC'D. BY REGISTRAR 256. REGISTRA		
	G.	P. Kalas	5160	Oxon Hil	1 Rd. Ox	on Hi	11. Ma	DE	C 2 8 1084 / hie Day	idson-Ran	delle

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If them 21 is marked or them 18 shows only

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	Ca 7	4
	ASED NAME FIRE	51	^	AIDOLE	21"	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TITE C		nic	19		Chi	romy	12-15-	84	5 - 2 M
3. SEX		4. RA	ACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
	Female		Cau	c.	Aug.	0.00	42	rRS.	
	THPLACE (STATE OR FOREIG	5N 7b. C	ITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR CO	JNTY OF DEATH	
	innesota		U.S.A		WIDOWE	-	Prince Geor	ges	MD.
10 CIT	Y OR TOWN OF DEATH			HOSPITAL, NURSIN		OR OTHER INSTITUTION	128. USUAL OCCUPATION		OF BUSINESS OR
Se	eabrook			oodstream		e	School Teach	er St. F	atricks
13a ST		COUNTY	Geo.	13c. CITY OR TOW Seabroo	/N	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP 6927 Woodstr		0706
14 FAT	HER'S NAME	MIDDI		LAST		15. MOTHER'S MAIDEN NA			AST
Max	k Ward	MIDDE		FWSI		Marie Ste	evens	C	ASI
	AS DECEASED EVER IN U	S. ARMED		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS	-	
{46	NO OR UNKNOWN) (1F	TES, GIVE WAR	ORDATES	476-48-	4837	John W. Chron	6927 Woodst		
	18 CAUSE OF DEATH (Er	nter anly an	e couse per	line for (a), (b), an	dicut ,	0	. /		NAMATE INTERVAL
	PART I. DEATH WAS C	AUSED BY		Cesa	rat	ory fai	ilure	1.0	month
				R AS A CONSEOU	ENCE OF				41
	Conditions, if any, which (b) Pullm					ny mit a	6 month:		
	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE						0		
	underlying couse lost. (c) Caremoma of Breast 3							7	years
	PART 2. OTHER SIGNIFIC	ANT CON	DITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART	118
CERTIFICATION	S MAN S								
ICA	90 DATE OF OPERATION		196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FIND CERTIFYING CAUSE	
RTI			*** *****	S to I I I I I I		In how billing occur	YES NO	YES 🗌	NO 🗌
	210. ACCIDENT WAS UNDERLY		216. TIME O		AY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	M 18 PART T OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICALE)			M.	19	AN LOCATION			
MED	WHILE NOT WHILE		21e. PLACE (AT HOME, STI	REET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN COUNTY STAT		
	AT WORK AT WORK				100		10 12-15-8	7	
	220.1 certify that (I) (this saw the deceased al				01	nd that in (my) (our) apinion	death occurred on the date on	d hour and from th	, that (1) (we) last
	obove, (I) (we) (did) (did not) vie	w the body	after death.		DEGREE	- Communication of the Communi		TE SIGNED
	226. SIGNATURE				ATTENDING	MEDICAL STAFF	12	-15-84	
	22d. PHYSICIAN'S NAME	TTYPE OR PRIN	(1)	0-0-10		22e. ADDRESS	DIRECTOR PHYSICIAN		
	Jeren	ny	V-	2001	e	10400	conn. Aus	2. Kon	sing for
	JRIAL, CREMATION, REM	OVAL 2	b. DATE	23¢	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
(3	Burial		12/19	/1984 S	t. Wer	ceslaus Come	pery New Prago	ue, Minne	sota
24 FU	NERAL DIRECTOR Ha	lata			77	160	DESTRUCTION OF THE PROPERTY OF	EGE MAR'S SIGN	ATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

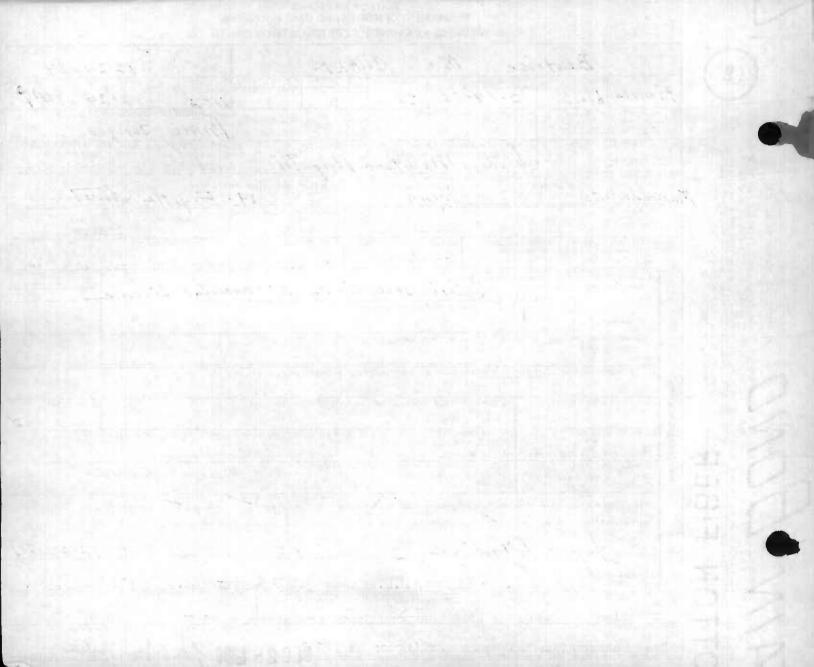
ATTENDING PHYSICIAN: The low

IMPORTANT: If hem 21 is marked or hem 18 shows any

9013 Annapolis Rd. Lanham. Md. 20706

I Settlement of the Alexandry Description of the Settlement of the THE PROPERTY OF THE PROPERTY O Lockward . Ad the mountains and the second transfer of the second tr continuentation fitte | District | District | Continuent | District | Distric ANTO DE L'INCORDE L'ANTE DE L'ANTE D 1720 × 67 (* 1900 MAN STATE OF THE S PRINCE VERY CONTRACT THE STATE OF THE S BOYOS FALL Endney Of silveres \$100

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-M. Beatrice CLARK DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR IF UNDER 24 HRS 2c. DATE PRONOUNCED 2-19-26 58 BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY LALIMORE LITY OF COUNTY OF DEA MARRIED NEVER MARRIED FOREIGN COUNTRY Massachusetts USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Clinton Assembler Machine Corp. SUAL RESIDENCE (IF IN NURSING TOMEOR CITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OUNTY BLOCITY OR TOWN T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Essex NO 3 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Samuel MIDDLE FIRST MIDDLE Mitchell Edith Anderson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! 013 20 7195 Taylor / Ft Washington 18 CAUSE OF DEATH (Enter only one cause per light for (a), (b), and (c).) PART I DEATH WAS CAUSED BY steris selenotes Cardio vos Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURIA YES [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE L DIRECTOR: 4, WITH THE S MARYLAND, 220. I certify that I taak charge of the remains desembed above, held an Autopsy Inspectiondeath resulted fram: Natural causes Undetermined manner Hamicide TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M Deputy MEDICAL EXAMINER EXAMINER'S NAM M.D. Rodriguez. ADDRESS 5009 Rayburn Ct., Temple Hills, Md. (TYPE OR PRINT) Augusto 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Cremation 28 1984 Harmony Grove Crematory Mass 24 FUNERAL DIRECTOR DIE DATE HEC'D. BY HEGISTRAN 1756. REGISTRAN'S SIGNATURE Ives Pearson Funeral Homes, Arlington Va 222010 (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEAT MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's New Jersey WIDOWED X DIVORCED U.S.A. ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Cheverly Weaver Silk Co. 207111 Webster Lane 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Van Duyne Harriet L. Rouland 166 SOCIAL SECURITY NO. 17 INFORMANT Webster Lane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7713 (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 143-09-6658A Ft. Washington. Md. Evan Clark 18 CAUSE OF DEATH (Enter only one couse poline for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES [] 3 SHOULD BE I DEPARTMENT C OR UNDERLYING CONTRIBUTING CAUSE OF DEATH NOT WHILE AT WORK 22a I certify that I took charge of the remains described above, held in Autopsy Inspection and in my opinion FUNERAL DIECT
TER DEATH
ITTIMORE Accident . Suicide Homicide death resulted from: Notural causes Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, 5009 Rayburn Ct., Temple Hills, Md. AFT BAT 236 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 73r NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Laurel Grove Memorial Park Totowa Passaic New Jersey 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE ADDRESS 6160 Oxon Hill Rd. **DHMH - 17** George P. Kalas Funeral Home Oxon Hill. Md. (VR A15 ME (5))

20M 4/82

160 1160 From the second special and second a mercel sonia versit, were Charachity and Character when the property weaver larging of too George's H. Garington a 7713 conter one to in the latest to the latest V n Depart 1713 hooden bren Dam's Tris hooden been been tioned to some strates of some or has be to them The second section to the second section of the second section is which is community to the first the Think Think The Hall the transfer and the State of the St All alice . In rate as the . It administ contact the hartel 12/7/H chare prove smorth and otown assails evilong olid exemptility.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DÉCEASED NAME FIRST MIDDLE LAST DONALD R. MC CLEAF							FDEATH MONTH	1-08-84	26 HOUR 8:34PM _M
	3 SE	Male	4. RACE Caucasian		5. DATE OF BIRTH MONTH August 5, 1908			YEARS LAST BIRTHDAY) YR	FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMO	CE GEORGE		ty MD.
4	Ch	TY OR TOWN OF DEATH	PRINCE	GEORGE S	GENE	RAL HOSPITA	(TYPE OF WO	OCCUPATION RK FOR MOST OF WORKEN 9.11	G LIFE) INDUSTRY	ruction
6	M		ROTHER INSTITUTION. NTY eorge s	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Bowle	ADMISSION) N	13d. INSIDE CITY LIMIT YES NO []		ADDRESS / ZIP COLL Thompki	ns Lane	20715
2/	D	ATHER'S NAME FIRST RVIICE R		McCleaf		15. MOTHER'S MAIDEN FIRST Adeline	NAME	May	Ke _j	pelry
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (VES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160 SOCIAL SECURITY NO. 17 INFORMANT 9409 Van Buren Stree 170 Seabrook, MD 20706					0706				
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one cause per ED BY: .TE C AUSE (a)	tine for (a), (b), and CARD	dien 10	PULMON	VARY	ARRES	and the same of th	MATE INTERVAL ONSET AND DEATH
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF MOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF MARY ARTERY DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a)								
2	CERTIFICATION	19a DATE OF OPERATION	TION FOR WHICH	ON FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			
9		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE		M. MONTH DA	Y YEAR	21c. HOW INJURY OC	CURRED (ENTER N	ATURE OF INJURY IN ITEM	18 PART OR PART ?)	
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22e. I certify that (1) (this hospital) attended the deceased from 30 kg, 19, to 8 kg, 19, that (1) (we) last saw the deceased alive an and that in (my) (our) opinion death occurred an the date and haur and from the causes stated above, (1) (we) (death did not) view the body attended to the death.								
		226 SIGNATURE ARVIND M-MEHTA DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI								
		ARVINI) M.	MEH	PA.	7100	BALT-	1,00	NEGE	PARK.
		URIAL, CREMATION, REMOVA SPECIFY) remation	DEC 10			emetery or cremato	CIT	r OR TOWN	Fairfax.	Virginia
		uneral director all Funeral Ho	he heart		nnapo	olis Road 250 20715	DEC 10	1984 Summer	GIS WARS SIGNAT	Bindell

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE

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		dis to		-
DEG N	0			

FOR STATE REGISTRAR	CERTIFICATE OF DEATH	GIENE REG. NO.	9 6					
1 DECEASED NAME FIRST MIDE	OLE LAST		DAY YEAR 26 HOUR					
THOMAS L. COFFREN		12/1/1984	1121 pm					
3. SEX 4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
Male White	Dec. 21. 1914	69 YRS	MONTHS! DAYS HOURS MIN.					
78 BIRTHPLACE (STATE OR FOREIGN 7% CITIZEN OF WH	AT COUNTRY? 18	9. BALTIMORE CITY OR COUNTY	OF DEATH					
District of Columbia U.S	MARRIED NEVER MARRIED WIDOWED DIVORCED		COUNTY MD.					
	SPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR					
	MARYLAND HOSPITAL CENTER	1 1/4 / 177 /	Power Co.					
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIV		13e.STREET ADDRESS / ZIP COD	20222					
	Upper YES □ NO 🕱	6100 South Osbo	D 1					
	Mariboro Is MOTHER'S MAIDEN N		LAST					
Edward L. Coffren	Alice	McKinley						
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16	b. SOCIAL SECURITY NO. 17. INFORMANT	-6100 So. Osbour	rne Rd					
Yes (YES, GIVE WAR OR DATES) Yes	77-16-5729 Joyce Coffre	Joyce Coffren Upper Marlboro, Md. 20772						
18 CAUSE OF DEATH (Enter only one cause per line	18 CAUSE OF DEATH (Enter only one cause per line for ta), (b), and (c).) BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	PART I. DEATH WAS CAUSED BY:							
Conditions, if ony, which gove rise to immediate	gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) (c) (c)							
	RIMANY DISEASE C	Linic Alcolo	ALLICA					
190. DATE OF OPERATION 19b CONDITION 210. ACCIDENT WAS UNDERLYING 21b TIME OF II	ON FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)					
210. ACCIDENT WAS UNDERLYING 216. TIME OF II	NJURY 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM IS	0					
	MONTH DAY YEAR							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF (AT HOME, STREET	INJURY 211 LOCATION							
WHILE NOT WHILE AT WORK AT WORK	FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNIY STATE					
27a. I certify that (I) (this hospital) attended the asaw the deceased alive on Sec. \ above, (I) (1) (find not view the body all	19 84 , and that in (my) (our) opinion	n death accurred an the date and had	ur and fram the causes stated					
22b. SIG DATURE	DEGREE MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Dec. 2, 1184					
22d. PHYSICIAN'S NAME (TYPE OF RINT)	22e ADDRESS	11 0 1 6						
Stratet J. Goodma		PRRATE KOW, CI	-Inpo (MD 5013)					
23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)	23c. NAME OF CEMETERY OR CREMATORY		COUNTY					
Burial 12/5/84	Cheltenham Veterans	Cen.Cheltenham(Pr	Geo's) Md.					

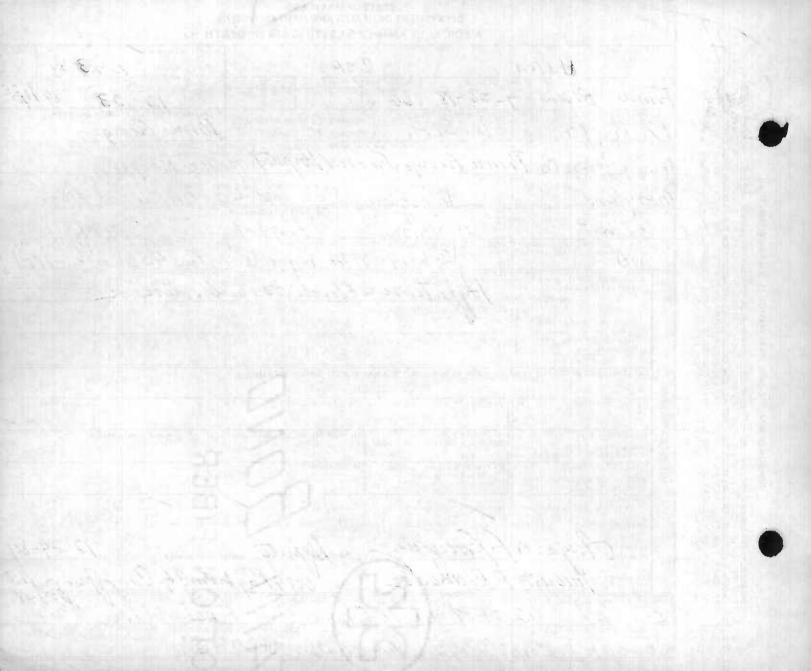
DHMH - 16 50M 4/83 (VRA 15, 4)

Burial 12/5/84 Cheltennam ve Richard A. Coleman Funeral-Upper Marlboro, Maryland 20772

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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		FOR STATE			EALTH AND MEN			0 0)
/ 11		REGISTRAR	MEDICA	LEXAMINE	R'S CERTIFICA	TO OPDEA	TH O REG. N	3m 7 1	
(4		CEASED NAME FIRST	WIDDIE		LAST	7	. DATE KNOWN	MONTH DAY	YEAR 26. HOUR
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一型音の	11	ma, ju,	0.01			DIVORCED .	pina Ch	colgan	MD
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LTIN VE P SION	()	ES NO. OR MINKNOWN) (IF YES, GIVE	WAR OR DATES)	1-111-8	3471 to	- /100	-1-115	3P 1	104/
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NO PER PROPERTY OF THE PROPERT	1 ¥	UNDERLYING OR	HOUR A.M. MONT						
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EXAMINER: CERTIFICATI FULD BE FOR UNITH THE MARYLAND		220 I certify that I took charg	ge of the remains described of	bove, held on	Autopsy . In	rspection ,	Inquiry LT, or	nd in my opinion	
基		deoth resulted from Notu	rol couses . Accider	it 🔲, Suic	ide . Homicide	Undete	rmined monner,		
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- M G - 4 G	230.B	UDIAL, CREMATION, REMOVAL	10 00 CII 230	NAME OF GEM	ETERY OR CREMATORY	7 238.100	CATION -	/ MUNTY	STATE
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DHMH - 17	24. 5	UNERAL DIRECTOR	7 4000000		250.	DATE REC'D. BY	REGISTRAR 256 REG	STRAR'S SIGNAT	Minds De
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

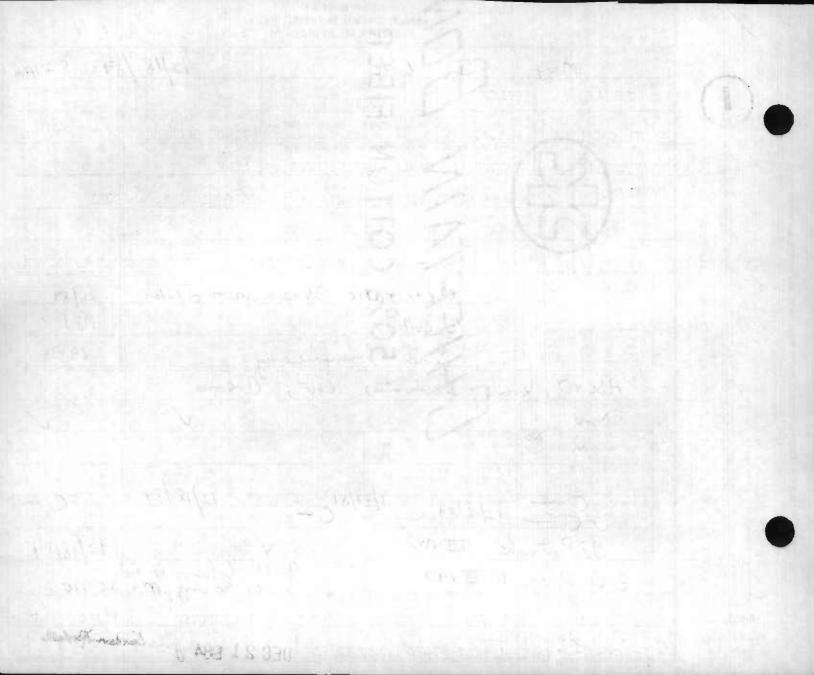
CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH 2b. HOUR 1. DECEASED NAME TYPE OR PRINT 3. SEX 4 RACE 5. DATE OF BIRTH MONTH Female Black av YRS 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. Va. DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! At Home Housewife USUAL RESIDENCE (IF NURSING HOME, OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 131 COUNTY SeatPleasant 1 13d INSIDE CITY LIMITS? Md. NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST ALIDDLE MIDDLE Katie Garrison Atkins James ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) above Unknown Beulah Smith-Same as No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. 10 mms. IMMEDIATE CAUSE (o Conditions, if ony, which gave rise to immediate cause (a), stating underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED DAYE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? N CERTIFYING CAUSES OF DEATH? NOP NO I YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK AT WORK lune 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive an, and that in (my) (par) opinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 221 DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: Indian head Highw should b 23d BURIAN CREMATION, REMOVAL 23d LOCATION 23b. DAT 23¢ NAME OF CEMETERY OR CREMATORY HIGHLAND HARMONY MEM PARK PARK 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 H.S. WASHINGTON + SONS 4925 BURNOUGHS AUE, NOB. 1 (VRA 15, 4)

STATE OF MARYLAND

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24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MONTH 26 HOUR 84 12 IF UNDER I YEAR HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES COUNTY 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Supervisor Dept of Navy 13e.STREET ADDRESS / ZIP CODE #617 2100 Brooks Drive 20747 Westlund 2916 Sydney Ave Berkshire, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE

and that in (aur) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED

COUNTY Brentwood

E. Wilhelm Funeral Home

Suitland, Md

STATE

THE GARAGE MAN

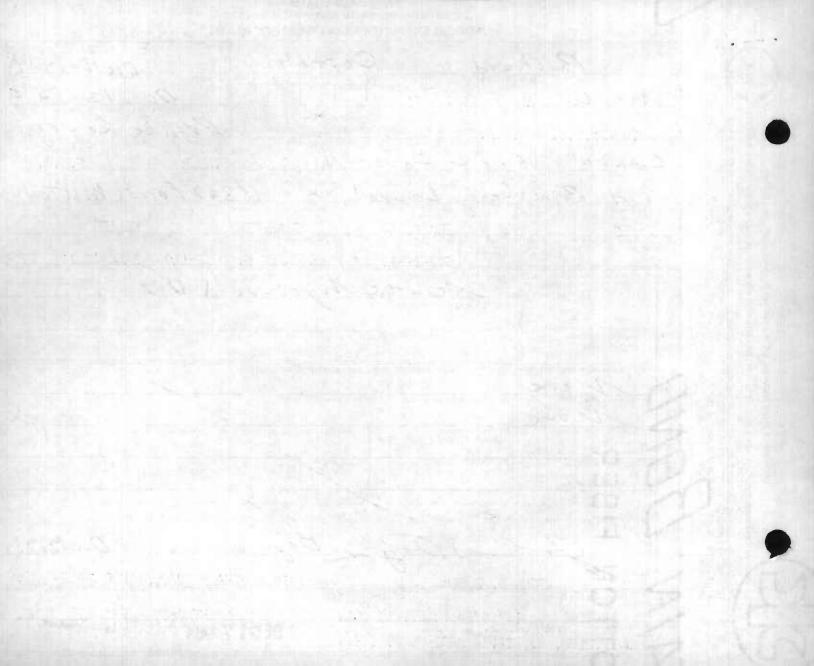
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LAST COSS TAH DECEASED NAME 20 DATE KNOWN THE MONTH (TYPE OR PRINT) Samuel OF ESTI-055144 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOLINCED MARCH 21,1922 62 VP BIRTHPLACE (STATE OR MARRIED T NEVER MARRIED **GUYANA** U.S.A. PRINCE GEORGES WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS MATNTANENCE MAN PRINCE' GEORGES HOSPITAL CLEANING CO. CHEVERLY USUAL RESIDENCE (IF IN NURSIN OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS WASHINGTON D. C 13d. INXOE CITY LIMITS? 1830 I ST., N.E. NONE NONE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE UNKNOWN UNKNOWN ADDRESST AURELTON NY 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. I (IF YES, GIVE WAR OR DATES) PAMELLA DeSOUZA, 133-11 FRANCIS LEWIS BLVD. 577-02-1986 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY mustice reart Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:60 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES T 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN COUNTY WHILE AT WORK 226. I certify that I took charge of the remains described above, held on A Notural causes Accident Undetermined manner TO MEDICAL EXAMI
EXECUTE THE CERTIFY
PAGE 4 SHOULD BE
TO FUNERAL DIRECT
AFTER DEATH WITH
BARTIMORE, MARYL TITLE (SPECIFY) M.DDeputy 5009 Rayburn Ct., Temple Hills, Md. EXAMINER'S NAME Augusto P. Rodriguez, 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY METROPOLITAN CREMATORY ALEXANDRIA. 12/7/84 CREMATION 250. DATE REC'D. BY REGISTRAR 1756. REGISTRAR'S SIGNATURE
DEC 10 1984 Suna Devider Road 14 FUNERAL DIRECTOR RICHARD RAPP INC. 1804 T ST., N.W., WASHINGTON, D.C. 20009 (VR A15 ME (5)) 20M 4/B2

ACTIC AND EDITION G U.S.A. MANAT PRINCE OFFICER TYLINTAMENCE MAY CLEANING CO. Wildson Sabarda abide VICTOR MARINATON, D.C. X 1830 I ST., N. E. THE 370/ V. MAY PAROMOME 577-02-1986 PARTLA DECRIZA, 133-11 PULCIS LINIS HUTD.

PRYMTION 12/7/84 TOTOLITAN CREATORY ALEXANDRA, VIRGINIA PACHARD PAPP, INC. 1804 T ST., V.W., IASHINGTON, D.C. 20009

3 11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE APPLICATE AND INTERCONDUCTION OF A THE STATE OF THE STATE	
V	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 REGINDO	3
	DECEASED NAME PARST MIDDLE LAST COSTALLO PARSTILIDEATH MATED DECEASED NAME PARST PARSTILIDEATH MATED DECEASED NAME PARSTILIDEATH PARSTILID	12 19 Per 12
3. SI	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY VEAR 20 A
	AUG 19 1908 76 YRS DEAD JCC. 75 CITIZEN OF WHAT COUNTRY? FOREICH COUNTRY) 8 MARRIED MEVER MARRIED 8 BALTIMORE CITY OR COUNTY	OF DEATH
8/)/ 10 (1)	WASHINGTON, D.C. U.S.A. WIDOWED DIVORCED DIVORCED DIVORCED	e a y & WME
20	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 6362 FOR VCJ MENT LEVEL ENGINEER 120 USUAL OCCUPATION (TYPE OF WORK 1) FOR MOST OF WORKING LIFE)	or industry G.S.A.
	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	20707
7	STATE 136 COUNTY GEORGE LOUVE 1 13d INSIDE CITY LIMITS? 13e STREET ADDRESS FORES ON	hillTox
A	FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
1160	TAMES F. COSTELLO JOSEPHINE KELLE WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	R
1	(TES.NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-22-1934 MARGARET G. COSTELLO SAME	AS 13 WIFE
1	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACube Myocaldid Div	BETWEEN ONSET AND BEATH
	DUE TO, OR AS A CONSEQUENCE OF	
	Canditians, if any, which gave rise to immediate (b)	
	cause (a) stating the <u>under-lying</u> cause last. DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
Z	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)	
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
IFIC	None	YES NO NO
	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216, HOW INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART I OR PART	
MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21d INJURY OCCURRED 21d INJURY OCCURRE	TY STATE
1	WHILE NOT WHILE STREET FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	STATE
	276 Certify that I taak charge of the remains described above, held an Autapsy . Inspection Inquiry . Inquiry . Inquiry .	ian
-	death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
	ACTUAL DATE	7 /2.00
-	SIGNATURE M.D. MEDICAL EXAMINER SIGNED	Dec 121980
1	(TYPE OR PRINT) TOHN S. ROGERS ADDRESS 1919 SEMINARY ROAD SILVER	CDDING MO
230	BURIAL CREMATION REMOVAL 1236 DATE 1234 NAME OF CEMETERY OR CREMATORY 1236 LOCATION	
	BURTAL 12/15/84 FT LINCOLN BRENTWOOD PRI	GEO MD.
	FUNERAL DIRECTOR FRANCIS' J. COLLINS 250. BY COCO BY REGISTRAN 250 REGISTRAN 3 SIG	MANAGER
	500 UNIV. BLVD., W., SILVER SPRING, MD. 20901	- 1

STATE OF MAKILAND



	1	1.	#18,21abcdef,22a,FilmG602 STATE OF MARYLAND FOR #18,21abcdef,22a,FilmG602 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
8-	0 .		STATE 4/29/85 kam MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 REG. NO. 0	
7	10.1		CEASED NAME FIRST MIDDLE • LAST 20. DATE KNOWN XX MONTH DAY OF ESTI- DEATH MATED 12-23-84	YEAR 2b. HOUR
25	X	2.58	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 76. DATE MONTH DAY	T9 M YEAR 2d HOUR
CA STATE	雅》	F	emale Black 11 9 60 24 yrs. Hours Min Pronounced 12-23-86	4, 4:38A
AS AS	100	I B	IRTHPLACE (STATE OR) Th. CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED Prince George's Country of Divorced	
25		10 C	ITY OR TOWN OF DEATH / II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIN	ND OF BUSINESS
DELAY STO TH	2 2	1	Ma Pan Olsued	RINDUSTRY
21201 ANY D AND 3	日日日本のか	3a. S	TATE 136 COUNTY 136 CITY OR TOWN 138 INSIDE (ITY LIMITS? 136 STREET ADDRESS.	743
9 - 0	iei al) 14. F/	ATHER'S NAME IS MOTHER'S MAIDEN NAME	2 7
	AND SAND	U	anes E. McClain Mary	LAST ev
BALTIMORE, S AFTER DEAT GIVE PAGES	SION OF	16a. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMAN ADDRESS SOCIAL SECURITY NO. 17. INFORMAN 3218 OF LEGISLES	Ave.
	L. PA		NO None with nown herey Craig Forest wille Me	HOXIMATE INTERNAT
ON ST 4 HO TEM 1	PERMI PERMI PIENE,		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of helad	VEEN ONSET AND DEATH
HIN 2	VER ALON ANSIT PER AL HYGIE REMOVA		Canditions, if any, which	
W.P	SEE.S		gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF Using cause last.	
S. 20	IND A		(c)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF RITING THE WORD "PENDING". IN PENCIL IN 1EM 19.	EF MEDICAL EXANGED AS BURIAL- HEALTH AND ME AL, CREMATION, O	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
AL RE	USED A USED A OF HEA URIAL, C	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	UTOPSY?
F VIT.	H D O N I	ERTIF	216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)	YES XX NO [
ON O FICAT	COED TO THE CHIEF A E 3 SHOULD BE USED, E DEPARTMENT OF HE, OI PRIOR TO BURIAL,		UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ? P.M. 12/23 19 84 Self/inflicted	
AVISIO CERT	RDED GE 3 SF TE DEP ZOI PRE	MEDICAL	214 INJURY OCCURRED 218 PLACE OF INJURY (ATHOME. 211 LOCATION	STATE
THIS E, WRI	WAR PAG 2120	1	AT WORK AT WORK Kitchen floor 3118 Orleans Ave., Forestville, Md	
AINER FICAT	DIRECTOR: (, WITH THE MARYLAND)	-	226. I certify that I taak charge af the remains described abave, held an Autapsy X, Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide XXX Hamicide , Undetermined manner ,	
GERT STATE	DIRE DIRE WARY		TITLE (SPECIFY)	
3 H	FUNERAL DIR FUNERAL DIR ER DEATH, WI TIMORE, MAR		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 12	2-23-84
A MET	PAGE A TO FUN AFTER D BALTIM		EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street	
20.50	ann.	23a.B	URIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN	STATE
07/84 BP	1MH - 17	24 FI	UNERAL DIRECTOR NAME ADDRESS ADDRESS	MA INC.
(VR A	A15 ME (5))	Co	mer-Hodges F. H. 4901 Coral Hills My DEU 21 804 June	

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500 UNIV. BLVD. W. SILVER SPRING, MD. 20901

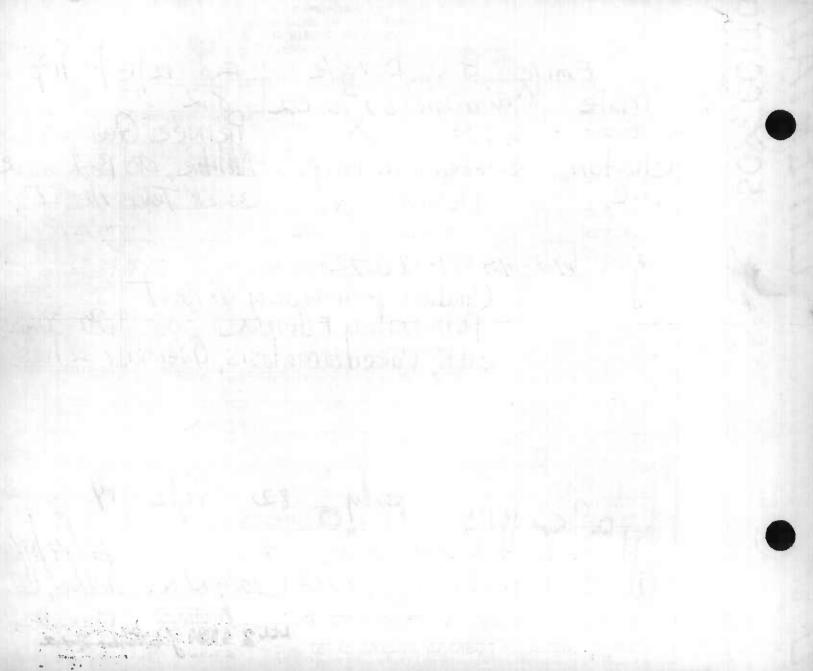
(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	1	STATE OF MARYLAND
ja bo	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE
P		REGISTRAR CERTIFICATE OF DEATH OF REG. NO.
1 (25)		CEASED NAME THE TO THE TOTAL THE TOT
6 (A)	1.58	Enile J. Daigle P. Darger D. S. DATE OF BIRTH 6. AGE (BLYEARS LAST BIRTHDAY)
	1.35	MONTH DAY YEAR DAY WEAR TO SEE THE TOWN DAY WEAR
B 43 01	7a. 8	IRTHPLACE (STATE OF FORCE OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH
1 1695		CANADA USA WIDOWO DIVORCED TRINCE GEORGES MD
1 11 2	10	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE NOT INSICH FACILITY, GIVE STREET, UPDRESS) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE STREET HOME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE STREET HOME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE STREET HOME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE STREET HOME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE STREET HOME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE STREET HOME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE STREET HOME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE STREET HOME OF HOSPITAL HOME OR OTHER INSTITUTION THE STREET HOME OF HOSPITAL HOME OR OTHER INSTITUTION THE STREET HOME OF HOSPITAL HOME OR OTHER INSTITUTION THE STREET HOME OF HOSPITAL HOME OR OTHER INSTITUTION THE STREET HOME OF HOME OR OTHER HOME OR OTHER INSTITUTION THE STREET HOME OF HOME OR OTHER HOME OR OTHER HOME OR OTHER HOME OF HOME OR OTHER HOME OR OTHER HOME OR OTHER HOME OF HOME
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MARYLAND 2120 ed within 24 horm mpletely filled in the and 2 should be enumer met be		THE CHARLES AND THE STREET ADDRESS AND THE ST
RYL 12 3-4	114. F.	ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST
		DENNIS DAIGLE ANNA VIOLETTE
BALTIMORE, core be executed by sicion and coppers. Pages well.	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VEL 10 OR MY COWN (IF YES, GIVE WAR OR DAJES)
LTIM Bear		10/23 - 10/27 5 19 - 29 - 65 72 ROSE DAIGLE SAME AS 13
: E G G S	Г	CAUSE OF DEATH (Enter only one couse project for id), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) ORCIO - PUMBANRU ORREST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST he death certi he ottending F emove carbon imotion, or ren		DUE TO, OF A) A CONSEQUENCE, O. A. T. L. COLO.
RESTON death ce antendin nove corb otion, or a		Conditions, if ony, which gove rise to immediate (b) Pulmonary Early (b)
W. of the control of		couse (o), stating the underlying couse lost. Due to or AS A PONSEQUENCE OF CIND matrix (Nemia) 1-2 hrss
2 8 8 9 9 9	ĺ.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00
ORD Jed	ě	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir offending physicion. Wer this certification permit. The os the burial-trong permit. The h and Mental Hypier prior to orked at Hem-48	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The sicion	E .	YES NO YES NO 218. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)
SION OF VIT		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
HYSK nding nis ce buric	MEDICAL	(If EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21t. LOCATION
DIVISION OF PROPERTY OF After the se os the alth and morked (Ž	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)
		22a.1 certify thoy(1)(this hospital) attended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10
R ATTEND haspital a RECTOR: A red for use ept. of hem 21 is man		saw the deceased alive on 2 and that v (m) (our) opinion death occurred on the date and hour and from the cause stated
OR ho bolk by DIRE		DEGREE ATTENDING MEDICAL STAFF 12 11/1 81
	1	PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR
TO HOSPITAL TO FUNERAL should be de with the Stot	Н	H Fack budson m. 2 9015 12 landwed Rd Clinta I Md
OF OF SHAPE	230	BURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 236 LOCATION
4999BP9		BURIAL 17 DEC 84 WASHINGTON NAT'L SUITLAND PG MD
DHMH - 16 50M 4/83		UNERAL DIRECTOR 2 DAY E CARROLLERE
(VRA 15, 4)	R	OBERT E WILHELM FUNERAL SUITLAND MD



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH

1984 December 25

A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS.

9. BALTIMORE CITY OR COUNTY OF DEATH

Prince George's 176 KIND OF BUSINESS

INDUSTRY LITYPE OF WORK FOR MOST OF WORKING LIFEL Sheet Metal Construction

13e STREET ADDRESS / ZIP CODE Blvd O 6306 Gateway

MIDDLE J

ADDRESS

Moore

same as 13

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY CITY OR TOWN

2b. HOUR

9:30

, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

1. D. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

(SPECIFY) 12/28/84 M FUNERAL DIRECTOR Robert E Wilhelm

Funeral Home

FOR

REGISTRAR

L DECEASED NAME (TYPE OR PRINT)

1 - STATE

Suitland

Suitland Washington National

MD

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

- STATE

Owings Mrs. Louise D. Ramaley, Wheaton, MD CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) COUNTY STATE and that in (my) (our opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED County, 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Balto. . MD 21212 (VRA 15, 4) 4905 York Read

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

126. KIND OF BUSINESS OR

Own Home

IF UNDER 24 HRS

IF UNDER 1 YEAR

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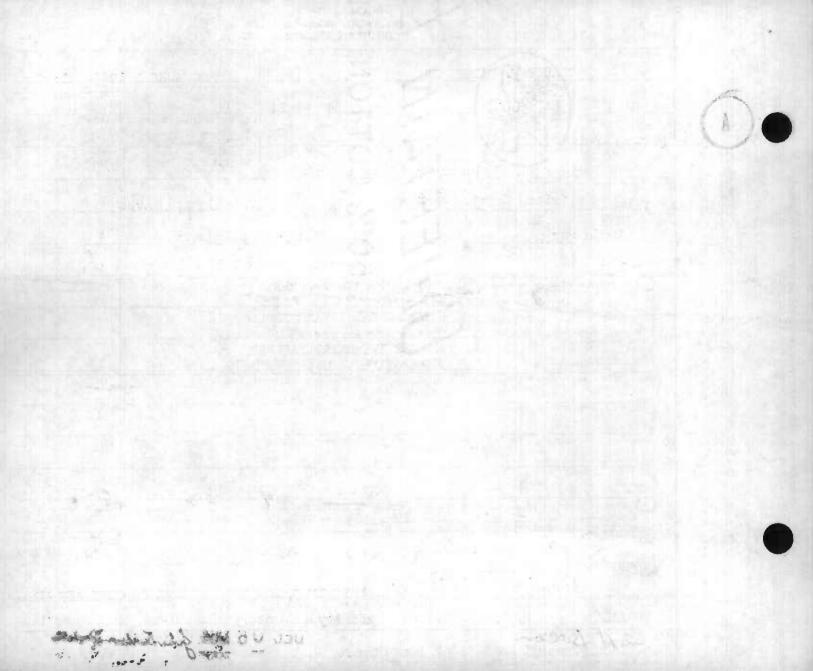
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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32	NO.	3	1	
REG.	NO.			

	1.	FOR STATE REGISTRAR	DEF		FICATE OF DEATH O	SIENE REG. NO.	3 1 1
		CEASED NAME FIRST	E W. DARGAN J.		LAST	20 DATE OF DEATH MONT	1000
	1. SE		4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	
		MALE	BLACK	NOV.			MONTHS DAYS HOURS MIN.
20	70. B	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	VIRY? 8	D XXNEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
1		orth Carolina	USA	WIDOWE		Prince Georg	ges County MD.
8	10 C	Camp Springs N	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	F Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Retired	IXING (IFE) 126. KIND OF BUSINESS OR INDUSTRY NAVY
3	130 S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN aryland Prin	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 7816 Johnson	20770
	14. F/	ATHER'S NAME	MIDDLE LAS	S.I.	15. MOTHER'S MAIDEN NA		
C		Claude Daiyan				h_Sturdavant	LAST
1		WAS DECEASED EVER IN U.S. AR		SECURITY NO.		Wife ADDRESS	Glenarden
		ves	E WAR OR DATES)		Annette Darga	an 7816 Johnson	on Avenue, Md.
	Z	PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONDUCTOR OF TO, OR AS A CONDU	AXOGARDIL Yocardia DAGESTIVI	AL INFARCTION al Infarction E HEART FAILUR E HEART FAILUR E HEART FAILUR	RE	IN GIVEN IN PART 110
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
7	1000	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	
	MEDICAL	21d INJURY OCCURRED E NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE FARM, ETC.	ZIII LOCATION	CITY OF TOWN	COUNTY STATE
		220 certify that (I) (this haspii saw the deceased alive an, above, (I) (we) (did) (did not III) IGNATURE	view the bady after death.	19 84 or	1410 87	MEDICAL STAFF	that (I) (we) lost and hour and from the causes stated 222. DATE SIGNED 2 Dec 1984
	22 2	JOHN	PRINTER LIS, M.D.	ND	MALCOLM GROW	USAF HOSPITAL	ANDREWS AFR MD
	230 8	BURIAL, CREMATION, REMOVAL	DEC. 8,1984.	Z3r NAME OF C	Familych Cemet	tery Peachlan	nd, North Carolina
		H. Bacon Funera	1 Home 3447°		reet, N.W.		AS & SECON

DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH S REGISTRAR DECEASED NAME 20 DATE KNOWN IX YEAR (TYPE OR PRINT) Robert Laurence Davis DEATH MATED Nov. 23.1984 4 RACE 3 SEX 5. DATE OF BIRTH A AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d. HOUR LAST RIRTHDAY PRONOUNCED 3:27 Nov. 23.1984, Male White July 5,1941 76 CITIZEN OF WHAT COUNTRY? 7g. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS U.S.A. Missouri WIDOWED DIVORCED Prince George's County ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Prince George's County Cheverly Truck Driver Martin & USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Otterback 3m STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS P.G. Maryland Hvattsville YES X 5613 Ouincy Street 20784 NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Robert Davis Julia Stender 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS Address Same as (YES, NO, OR UNKNOWN) 216-38-5810 No# 13e. Mrs. Julia I. Davis ICAL EXAMINER ALONG WIT A BURIAL - TRANSIT PERMIT PAND MENTAL HYGIENE, DIE MATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hypertensive Cardiovascular Disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A B 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? AM 20. AUTOPSY? WARITING THE CONTROL PAGE 3 SHOULD BE US NO PC 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, AMRYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection XX 22a I certify that I too scribed abave, held an Autopsy and in my apinian death resulted Natural courses XX Suicide Hamicide Undetermined monner re-issued TITLE (SPECIFY) M Deputy ChiefEDICAL EXAMINER DATE 12-14-84 EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn Street - Baltimore, Marylan TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Nov. 26,1984 | Ft. Lincoln Cemetery Brentwood BP Maryland P.G. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATUR **DHMH - 17** The Daydson F. Gasch's Sons F.H. P.A. Hyattsville, Maryland OFO. (VR A15 ME (5)) 20M 4/82

19:00 Wer. ES. you White would blick beinge manners county into movin signar Prince Councils County y Frenzens ? atties the Later tong to entiry from Tobrota. STIDLE Inodos an anna mantiti . 201 04 glowing tenting out of the state opigation financiation aginnalyon The own treet - delivere, sorten Burgard May 26, 1924 Pt. Lincoln Conclose Cornelection Co. 4. 10. William P. Couch should be a start of the couch start of the star

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer efouned by the hospital or ottending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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U	44	Cast	- 8	9
REG. N	NO.			

	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 4	3 3
	1. DE((TYPE	CEASED NAME FIRST OR PRINT) THEODOR?	Anthowy A. RACE	S. DATE OF BIRTH MONTH DAY YEAR	26 DATE OF DEATH MON	25, 1984
189	1	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED DIVORCED	120 USUAL OCCUPATION	12b. KIND OF BUSIN
14		ALRESIDENCE (IF NURSING HOME OF TATE 136 COU	CIENOT IN SUCH FACILITY, GIVE STREET CREATER AGE OF OTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 13c. CITY OR TOW	E Deltsul's	13e.STREET ADDRESS / ZIF	
19		THER'S NAME FIRST THEOLOGY	MIDDLE DE NASTO	YES NO D 15 MOTHER'S MAIDEN N PIRST MARCIA		MARSNA
The mean		VAS DECEASED EVER IN U.S. A VES. NO OR UNIXNOWN) 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	NE WAR OR DATES) NA - 050 - 05- Inly one couse per line for (1/16), or	17 INFORMANT 6314 Throwns Day	MADOJR 3712	BASKORUILE NA BASKORUILE NA APPROXIMATE INTE BETTYPEN ONSET AND
9	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	TES MENLING,	DEATH BUT NOT RELATED TO THE TER	ZOG AUTOPSY ZOG	4845
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH D	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	
0	E	(IF EITHER, NOTIFY MEDICAL EXAMINI	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY
MPOKIANI: If Item 21 is morked o	MEDICAL	27a I Certify that (I) this has saw the deceared alive a above, (I) the SIGN AT US.	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, pital) attended the deceased from	FARM, ETC.) 216 LOCATION STREET	CITY OR TOWN 1 to	ind haur and from the causes st

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

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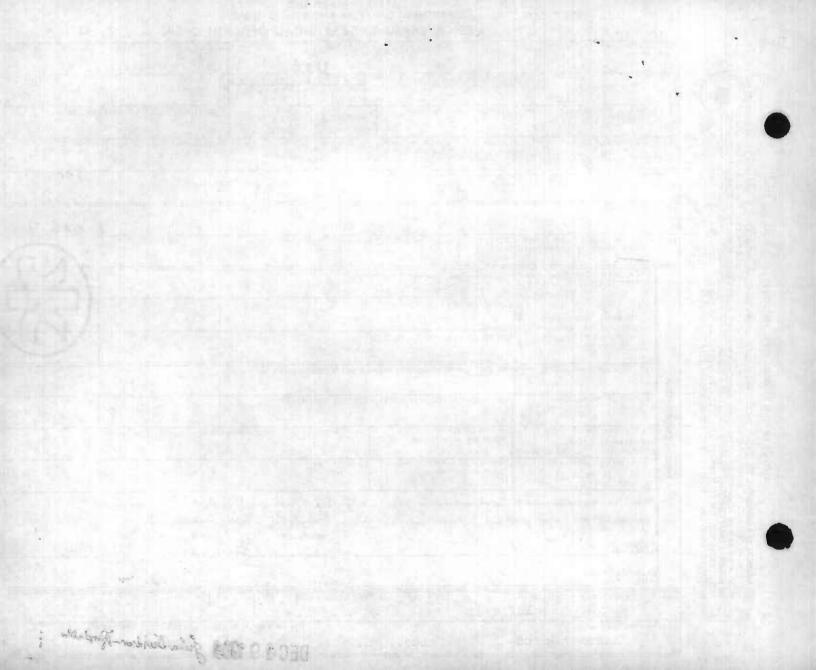
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-19 84 Alice Elizabeth Dobbins DEATH MATED TO THE FUNERAL DIRECTOR. 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 19 84 DEAD Dec. 3, 1892 White Female 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Prince George's County BE FILED, W ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Housewife Mt. Rainier 3811 - 33rd Street 1 AND 2 SHOULD BE 13d INSIDE CITY UMITS? 13e STREET ADDRESS 20712 Prince George's Mt. Rainier 3811 - 33rd Street Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE (Unknown) Betts Will Manda 218-52-5141 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS - above address T. Dobbins Albert (YES NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Son 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Acute myocardial disease. DUE TO OR AS A CONSEQUENCE OF TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) CERTIFICATION None BE USED AS 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? DEPARTMENT OF HE 1 PRIOR TO BURIAL, None YES 🗌 NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW IN IURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL None CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR; PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE Autopsy 220. I certify that I took charge of the remains described above, held an Inspection and in my apinion Undetermined manner death resulted fram: Natural causes Suicide Hamicide TITLE (SPECIFY) 12/28/84 Deputy 1919 Seminary Road John S. Rogers, M.D. Silver Spring, Montgomery, Md. 23d. LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b DATE STATE Burial Arlington Nat. Com Arlington BP 24 FUNERAL DIRECTOR Nalley's ForesH. **DHMH - 17** (VR A15 ME (5))

20M 4/82

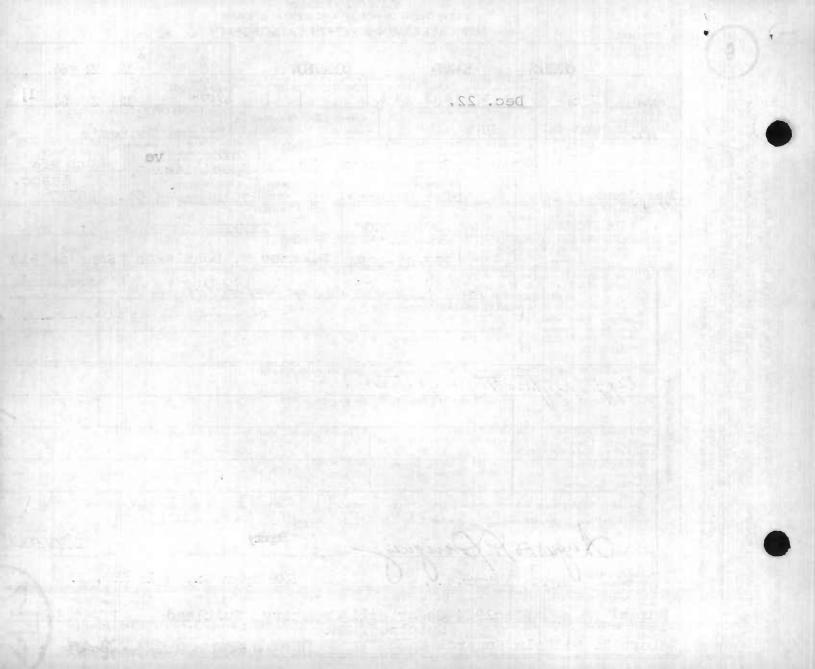
STATE OF MARYLAND

15:2 48 85/51 Alice lizabeth poblins 12/28 84 1 .cr.le hite Dec. 3, 1892 92 . Telephone issue (#Wall rrince vecree's Councy nt. hainir 3cll - 33rd Street 3811 - 37rd Street Meryland Prince George's Mt. Kainier Endestallaber - prince. State for -S- 188 Acute myoc rdial di ease. Mone 12/20/64 Dell'19 semin ry loud Silver Spring, Montgomery, Mo. John S. hogers, 1.1.

Items	18-22a	1/2	28/85 F	#599 mt		DEDADT	STA MENT OF		AARYLAN		CIENE				
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		1. DE	CEASED NAME	UNKN.	84-98 ME	WIDDLE	·	LK J	LAST	AQ. OI	-	REG.	HINOM H	DAY YEAR	12b HOUR
	MANNE	(TA)	E OR PRINT)						DAI		(OF ESTI-		01 01	
	A PER SE	3. SE	(- 4	RACE	5 DATE OF BIRTH		6. AGE (IN YE.			IF UNDER 2		DATE	MONTH MONTH	2/ 19 84 DAY YEAR	1111
	2000	Ma	16	White	MONTH DAY	YEAR	LAST BIRTHD	MOIN	HS DAYS	HOURS		OUNCED DE AD	12/	8/19 84	B HOUR A M
	BEET O	70 B	RTHPLACE (STAT		76 CITIZEN OF W	HAT COUN	A.	8	IED NEV	/ED ALADDIE	9. BA	LTIMORE CIT	Y OR COUNT		11 M
	品品を		REIGN COUNTRY)					WIDOW		DIVORCE		rince (George!	s Count	V. MD
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21201	ANY AND 3 RETAI PECOR		AL RESIDENCE (IF TATE	13b COUNT	R OTHER INSTITUTION, G TY		OR TOWN	ON)	13d. INSIDE CI	NO [13e STREET AI	ODRESS '		0000	10
WD.	H - X S S S S S S S S S S S S S S S S S S]4. F/	ATHER'S NAME		MIDDLE		LAST		IS. MOTHE	R'S MAIDEN	NAME	MIDDLE		LAST	
SE,	M PW PAND													006	
BALTIMORE, MD.	SES IN SERVICE ON SERV	16n. \ (Y	ES, NO. OR UNKNOW!	EVER IN U.S. ARM	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURIT	NO.	17. INFORM	TANT		ADDRE	ESS	1	
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ST.	24 HOURS AF ITEM 18. GIVE LONG WITH PERMIT. PAG GIENE, DIVISI		PART I DEA		y one cause per line BY:			2						APPROXIMATE BETWEEN ONSET	AND DEATH
TON	ITEA ITEA ITER ISEE		3/4/19	IMMEDIAT	E CAUSE (a) UT		SEQUENCE (
ES	ER ANNELLIN			if ony, which											
3	OR TRANS		cause (a) st	to immediate oting the under-	DUE TO, OR	AS A CON	ISEQUENCE (OF.	6.63						
201	EXECUTED ING. IN PRICAL EXAM		lying cause	lost.	(c)				18						
RECORDS, 201 W. PRESTON ST.	BE EXECUTION OF THE PROPERTY O	NO	PART 2 OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL OISEAS	E OR CONDITION	GIVEN IN PART	1 0				
L RE	LEA MEA	CERTIFICATION	19a. DATE OF O	PERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				20 AUTOPSY?	
VII.	WORD "PE WORD "PE AE CHIEF A BE USED A ENT OF HEA	E							33					YES 💢	NO 🗆
DIVISION OF VITAL	CERTIFICATE TING THE W SED TO THE 3 SHOULD B DEPARTMEN 1 PRIOR TO B	CALCE		OR G CAUSE OF D	EATH P.A	A. MONTH	DAY YEAR	21c. H0	OW INJURY	OCCURRED	ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PAR	T 2)	
DIVIS	THIS CERI WARDED PAGE 3 SI TATE DEP	MEDICAL		CURRED NOT WHILE C AT WORK	21e PLACE STREET, FAC	OF INJURY TORY, FARM, ET			CATION		Спу	OR TOWN	COU	NTY	STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 11 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNEMENT DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMI, AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		100		e of the remains de	scribed aba Accident		Autap	, Homici		Undetermine		ond in my api		
	DICAL TETHE TETHE A SHON NERAL NORE, 1	1	SIGNATURE	11/	1			M	.o. <u>Assi</u>	istant	MEDICAL E	XAMINER	DATE	12/9	/84_
	A CHANGE		(TYPE OR PRINT	Gre Gre	cory R.	Kauff	nan, M.	D.	ADDRESS	111	Penn	St.			
	- /	23a.B	URIAL, CREMATIC	ON, REMOVAL 23	b. DATE		AME OF CEA	NETERY O	R CREMATO	RY	23d. LOCATIO	NON	COUN	Y STA	ITE.
07/84 25M	BP988	24.6	Remo		12/14/84										
	DHMH - 17	Z4 F	NERAL DIRECTO	tomy Boa	and ADDRESS	Ra	lto.,	M.A	2	DATE RE	C.D. BY REGIS	STRAR 256 RE	:GISTRAR'S SI	ardalle :	•
	(VR A15 ME (5))			2011, 200		Da.	100.,	TCL .	n	ECA!	146	guman	Middle - 1		•



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN TO MONTH 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED CHARLES **EDWARD** 1984 DONALDSON 6. AGE (IN YEARS IF UNDER 1 4. RACE SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE 1:22 a M LAST BIRTHDAY RONOUNCED 1)0000 Oct.19,1904 Male White 80 7a BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED Washington DC USA WIDOWED DIVORCED Prince George's 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY Information Andrews AFB Malcolm Grow Andrews AFB Auto Mfg Specialist USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Assoc. 30 STATE 1136. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland PG YES [Dist HEights Mason St., 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST 1451 UNKNOWN DONALDSON XMMKMMX UNKNOWN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES Eleanor M. Donaldson Same as 577-05-2284 18 CAUSE OF DEATH (Enter only ane cause per 1/2 far (o), (b), and (c). APPROXIMATE INTERVA ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Ared schoole Carded asould IMMEDIATE CAUSE DUPTO, OF AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO CERTIFICATION WRITING WARDED TO THE PAGE 3 SHOULD BE USE. ATE DEPARTMENT OF HEAL PRIOR TO BURIAL, C WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFIER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK 22a I certify that I took charge of the remains described above, held an and in my apinian Notural couses Hamicide Undetermined manner TITLE (SPEC Deputy 12/22/1984 DATE MEDICAL EXAMINER SIGNED EXAMINER'S NAME (Augusto Rodriguez 5009 Rayburn Ct., Temple Hills, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 26Dec1984 Cedar Hill Cemetery Burial Suitland PG Md BP 24 FUNERAL DIRECTOR Suitland, Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wilhelm Funeral Home (VR A15 ME (5)) 20M 4/82

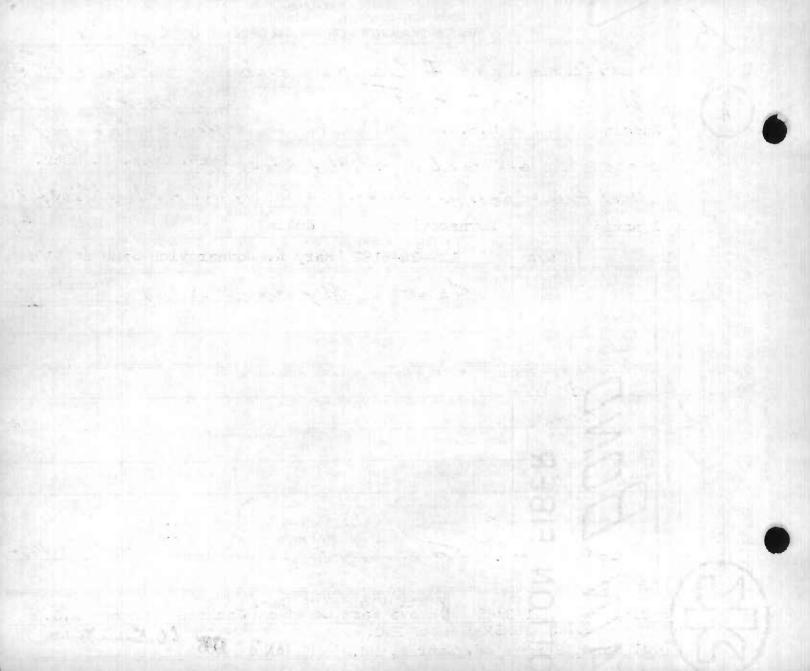


SAUGUST SUTTSE TANGE TO BE TASKED OF THE METERS OF THE STATE OF THE STAT We was a superior State 2 the flater was force.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH & REGISTRAR DECEASED NAME 26 DATE KNOWN UT MONTH L'EYES DA PRINTE OF ESTI-DEATH MATED DATE RONOUNCED 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED DENEVER MARRIED CHECK COUNTRY U.S.A. Russia WIDOWED DIVORCED Mach. Oper. Constr STATE 13d INSIDE CITY LIMITS? YES NO PLEATHER'S NAME ALIDDIE MIDDLE N/AAST Dovnarovich Julia Ignati 17. INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mary K. Downarovich Same as #13e 129-26-6192 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 002/1126 IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING 1D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) SIGNATU WATS NAME 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236 DATE J' NSYL OF CVTIERYOR MIM'S RYCem. COUNTY Roova Farm Cemetery Jackson /3/85 Burial Ocean 24 FUNERAL DIRECTORFLECK FUNERAL HOME INC. **DHMH - 17** (VR A15 ME (5)) 7601 Sandy Spring Rd. Laurel. Md

20M 4/B2

STATE OF MARYLAND



injury, ar other traumatic event, the

MPORTANT: If them 21 is marked or them 18 shows

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

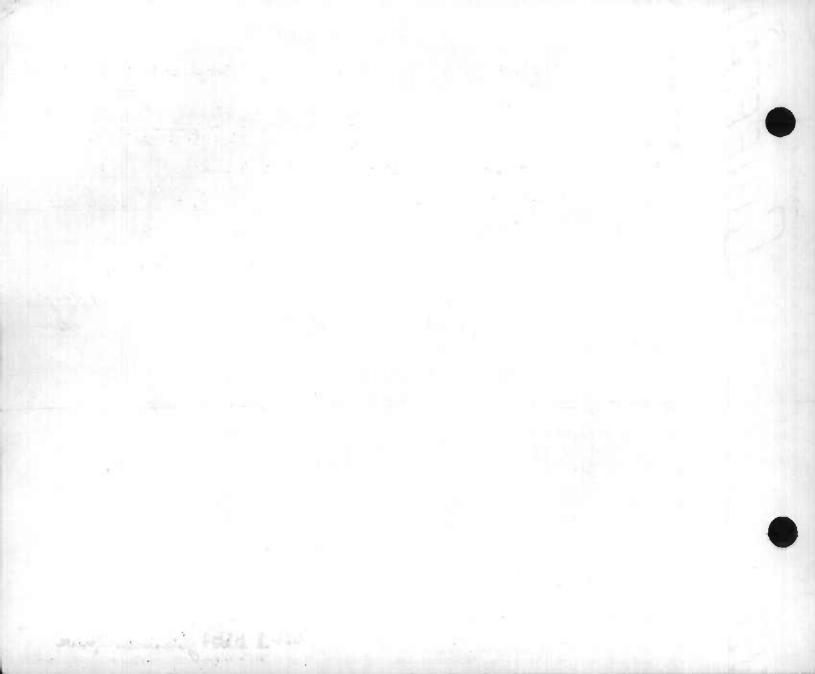
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٦	Cont.	3	ling	4
REG.	NO.			

FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG	IENE 3	0.	3 2 0		
I. DECEASED NAME	EIRSI	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	R
(TYPE OR PRINT)	Eliza	beth	Ι	owns .	Decembe	er 10	,1984	10:	00Pm
3. SEX Female	4. 1	RACE White	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY	MONTHS DAYS	IE UNDER	24 HRS MIN.
Fo. BIRTHPLACE ASIATE	7	CITIZEN OF WHAT COUNTR	Feb	7, 1897	9 BALTIMORE CITY C	YRS.	TV OF DEATH	11	
COUNTRY		USA	MARRIE	D NEVER MARRIED DIVORCED	Prince Geo	_			MD.
Maryland 10. CITY OR TOWN OF E Laurel	G	. NAME OF HOSPITAL, NUR (IF NOT IN SUCH EACILITY, GIVE STR reater Laurel	Beltsv		(TYPE OF WORK FOR MOST ON NOUS EWISE	ON OF WORKING	12b KIND C		SS OR
Usual residence INN 130 STATE Maryland	13h COUNTY Princ	e George Laur	FORE ADMISSION)	13d. Inside City Limits? Yes \(\) NO \(\)	13e STREET ADDRESS . 7201 Broo	zip coi klyn	DE Bridge	07 Road	07
Charles NAME	MID	Carr LAST		IS MOTHER'S MAIDEN NAM	ne middle	В	osley	ăT .	-90
160 WAS DECEASED EV	ER IN U.S. ARME		CURITY NO.	17 INFORMANT	ADDR	55			
NO WAS DECEASED EV	(IF YES, GIVE W	AR OR DATES)		Blanche Yat	es same as	abovi		MATE INTER	
Conditions, if a gave rise to cause (a), ste underlying car	immediate ating the use lost	DUE TO, OR AS A CONSEC	QUENCE OF	Skundozes 200, Bulian NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION G	JS IVEN IN PART I	yeen	
190 DATE OF OPE	RATION	19b. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES		H?
OR CONTRIBUTING	CAUSE OF DEATH	P.M.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	3 PART (OR PART 2)		
	WHILE WORK	216 PLACE OF INJURY LAT HOME STREET, FACTORY, DEFK	E, FARM ETC)	ZII LOCATION STREET	CITY OR IC)WN	COUNTY	3	TATE
saw the dece	ased alive on	ottended the deceased from		nd that in (my) (aur) apinion (, to death accurred on the d		, 19 our and from the		
22h SIGNATURE	butx	1 14 Cen	hy	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF IAN []	22c DATE	SIGNED	
Rober	It S. MC	, ,		22e ADDRESS					
230 BURIAL, CREMATIO 15PBUrial	N, REMOVAL	73b. DATE Dec. 13,1984	Emman	emetery or crematory wel Cemetery	23d LOCATION CITY OR TOWN Scaggsvi	lle.	Marylan	d	TATE
A FUNERAL DIRECTOR				A Ada DAT	CADECIA BIANGETONA	SEL DECT	CTD ADIC CICALAT	LIDE	

DHMH - 16 50M 4/83 (VRA 15, 4)

Donaldson Funeral Home, Lawrel, Md

gula Davidon Andre



FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3 4 3 2

rulia Davidson-Randalle

Maybell May Draley 3. SEX 4. RACE 5. DATE OF BIRTH MONTH MONTH MONTH MAY 5. 1919 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D.C. U.S.A. WIDOWED DIVORCED P1	ATE OF DEATH CEMBER E (IN YEARS LAST 65 LITIMORE CITY TINCE G	20 1 BIRTHDAYJ YRS.	IF UNDER I YEAR	26 HOUR AMILE TOURS MIN.
Maybell May Draley 3. SEX 4. RACE White May 5, 1919 6. AG Female 7.6. BIRTHPLACE (STATEORFOREIGN COUNTRY) Washington, D.C. U.S.A. May 5, 1919 6. MARRIED □ NEVER M	E (INYEARS LAST 55 LTIMORE CITY rince G	YRS.	IF UNDER I YEAR	
1. SEX Female White S. DATE OF BIRTH MONTH DAY MAY 5, 1919 6. AG Whate The Country of What Country? Washington, D.C. U.S.A. S. DATE OF BIRTH MAY 5, 1919 6. AG Wear May 5, 1919 6. AG Wildowed May 6, 1919 6. AG Wildowed May 7, 1919 8. AG Wildowed May 7, 1919 8	E (INYEARS LAST 55 LTIMORE CITY rince G	YRS.	IF UNDER I YEAR	
Female White May 5, 1919 76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D.C. U.S.A. Widowed To divorced Processing Processing Country Pr	rince G	OR COUNT		HOURS MIN.
76 BIRTHPLACE (STATEORFOREIGN 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED □ NEVER MARRIED □ PI Washington D.C. U.S.A. WIDOWED DIVORCED □ PI	rince G	OR COUNT	Y OF DEATH	
Washington D.C. U.S.A. WIDOWED DIVORCED PI		acres!		
		COLFC.	s Count	y MD
	SUAL OCCUPA	ATION	125 KIND (DE BUSINESS OR
Cheverly Prince George's General Hospital	of work for mos	a Work	ET Educ	Board of
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)				acton
ist cont on town	REET ADDRES	ntana	Street	20737
4 FATHER'S NAME IS MOTHER'S MAIDEN NAME				
Stephen E. Healy Mable	MIDDLE		Gump	ma n
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT		ORESS 11		wart Lan
No (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 577-16-8078 Mr. Edward A. I	Dralev		il. Spg	
18 CAUSE OF DEATH. Enter only one couse per line for (a), (b), and (c)	1	"		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY.	Vine		BETWEEN	ONSET AND DEATH
IMMEDIATE CAUSE (0)	-		7.	gran -
DUE TO, OR AS A PONSEQUENCE OF			6	
Conditions, if ony, which (b) corpulationance			2	ya
gove rise to immediate couse (a), stating the DUE TO, OR AS ACONSEQUENCE OF			- 4	
underlying couse lost. (Make one)	1-1-1		10	Mr.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	NISE ASE OR AS	ANDITION CI	VEN IN PART 1	
	JISEASE OR CC	DINDITION GI	IVEN IN PART I	0
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 YES 210 ACCIDENT WAS UNDERLYING 1216, TIME OF INJURY 216 HOW INJURY OCCURRED (E	AUTOPSY?	120b. IF YE	S, WERE FINDI	NGS USED
		INCERT	IFYING CAUSES	OF DEATH?
210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (6	S NO		ES	ИО 🗆
	NTER NATURE OF IN	JURY IN ITEM 18	PART T OR PART 2)	
OR CONTRIBUTINGCAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY [AT HOME STREET, FACTORY OFFICE, FARM, ETC.] STREET AT HOME STREET, FACTORY OFFICE, FARM, ETC.] STREET				
216 INJURY OCCURRED 218 PLACE OF INJURY 216 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
MHILE NOT WHILE AT WORK				
220.1 certify that (1) (this hospital) attended the deceased from 2 - 9 - 77 19 to	12-1	2	19.84	that (1) (we) last
saw the deceased give an 15-19-Feb 19 and that in (my) (my) an inion death of	occurred on the	date and ha		
above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE DEGREE				SIGNED
. // 1/ //	DICAL ST	AFF	_ DATE	SIGNED
PHYSICIAN 😨 DIRE			Dec.	21,1984
27d. PHYSIC A DDRESS				
John Kehoe, M.D. 6300 Riverdale	Rd. Ri	verdal	e, Mary	land
	LOCATION			
(SPECIFY)	Suitlan	d	COUNTY D	Maryland
4 FUNERAL DIRECTOR 250. DATE REC'T				

Gasch's Sons F.H. P.A. Hyattsville, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is morked or Item 18 show

December 20, 1981	in term		fadyus	
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2404. P. 404. LE				
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	bunivaria ali	ivetyevit . A.	1 Mange?	pl one

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOU (TYPE OR PRINT) WILLIAM 1. SEX 6. AGE LIN YEARS LAST BIRTHDAY! IF UNDER I YEAR MONTHS DAYS HOURS YEAR MS YRS. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE IN CITIZEN OF WHAT COUNTRY? NEVER MARRIED MARRIED DIVORCED 1 WE KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION THYPE OF WORK FOR A OF TO WORKING LIFE! es Maualle 13e STREET ADDRESS / ZIP CODE 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME 166 SOCIAL SECURITY NO. 17 INFORMA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? M CERTIFYING CAUSES OF DEATH? NO TI NOL YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 00 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (I) (thus has nital) attended the deceased from 12-15-19. 85, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22e ADDRESS th the 23g. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) Co.

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			STATE OF MARYLAND	
	1-	FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3 2 3
1		REGISTRAR CEASED NAME FIRST	REG. N	MONTH DAY YEAR 26 HOUR
1	ITYP	E OR PRINT) Mina	OF FCY!	12-41084 M
	3 SE)	4 RACE	S DATE OF BIRTH 6. AGE I'N YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 20 HOUR
	10	male Mick	9-1-36 S4 YRS. MONTHS DAYS HOURS MIN PRONOUNCED	12-4 1984 80 M
g	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY	OR COUNTY OF DEATH
	6	Georgia	U.S.A. WIDOWED DIVORCED DIVINCE	reages MD.
A	iii Ci	TY OR TOWN OF DEATH	FOR MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
4	USUA 13a S		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	lother (Home)
I	Μā	ryland Po	District Heights YES NO 2101 Scott	Key Drive
1	14. FA	THER'S NAME	MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
1		£un Swint	Margie English	
ı	16a. V	VAS DECEASED EVER IN U.S. AI ES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	
			260 46 1236 Jasper Edmonds-hus	band APPROXIMATE BUTTEVAL
		PART I DEATH WAS CAUS	KIN THINKSHIP I WAS ALL WAS ALLEST MIND OF	BETWEEN ONSET AND DEATH
	W.	IMMEDIA	TE CAUSE (a) DUE TO, OR IS A CONSEQUENCE OF	
		Conditions, if any, which		NICH STATE
		couse (a) stoting the under		- 25 CE 10 10 10 10 10 10 10 10 10 10 10 10 10
			(c)	
	N	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a.	
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	TIFIC			YES NO B
4		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
-	MEDICAL	CONTRIBUTING CAUSE OF	DEATH P.M. 19	
	MED	WHILE NOT WHILE	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK		
	0			nd in my opinion
		death resulted from: Nati	prol couses , Accident , Suicide , Hamicide , Undetermined manner ,	
		ACTUAL AUGU	sto foreigner M.D. Deputy MEDICAL EXAMINER	DATE 12-5-84
7	2			
1		EXAMINER'S NAME Lagus	to P. Rodriguez, M.D. ADDRESS Rayburn Ct., Temp	le Hills, Md.
		Burial	THE DATE 10.0 4	COUNTY STATE
		JNERAL DIRECT		ndover, Maryland
		NAME Cawart Funer	I when I was a second	A SIGNATURE
N		cowart/runer	al Home-4001 Benning Road, NOSCA 3	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

- STATE

REGISTRAR

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FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2 9 5
REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH & "REG. I	16.
(TYPE OR PRINT)	BEL LORETTA CICHORN OF ESTA	MONTH DAY YEAR 26 HOLLE
LSEX TRACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20 DATE	MONTH DAY YEAR 24-HOUR
) FW	OUD. 31 3 4 48 VRS. DEAD DE.	c. 24 10 PY XM
New York	MARRIED NEVER MARRIED	Carlo Maria
0. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (T	YPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
ALPRESIDENCE IN INTERSING HOME		Business
Mds. Wind		AVC 2,+284
14 FATHER'S NAME FIRST	MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE	LAST
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRE	Haggerty
	VE WAR OR DATES]	
8 CAUSE OF DEATH (Enter p	TO BY	BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or	
5 4 1/		
190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM)	YES NO
	FDEATH P.M. 12 24 19 PT / omited	
216 INJURY OCCURRED WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
Cit.	The sace of the contract of th	Mine Graygo MI
30		ond in my opinion
ACTUAL C	TITLE (SPECIFY)	DATE DOC 24 1984
SKGNATUR	M.D. Dep MEDICAL EXAMINER	SIGMED
EXAMINER'S NAME (TYPE OR PRINT)	ADDRESS	
		d County State
24 FUNERAL DIRECTOR	250. DATE REC'D. BY REGISTINAN 256 REC	GISTRAR'S SIGNATURE
(5)) W.W.CHAMBERS CO.	SCEE OF AUDICESS	In Bandalla
	TO BIRTHPLACE (STATE OR NEW CONTRIBUTION) 10. CITY OR TOWN OF DEATH 14. FATHER'S NAME FIRST 16. WAS DECEASED EVER IN U.S. A (YES, NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE (IF YES, OT IMMEDIAL CONTRIBUTION) 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 21. EXTERNAL CAUSE WAS UNDERLYING CONTRIBUTING CAUSE OF THE AT WORK 27. I certify that I took ched depth resulted from: No ACTUAL STATES NAME TYPE OR PRINT) 23. BURIAL CREMATION, REMOVAL CREMATION 24. FUNERAL DIRECTOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH TOTAL PROBLEM TOTAL PROBLEM

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marked or hem 18 spect amy injury, or other troumotic event, the

IMPORTANT: If Item 21 is

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Julia Burdon frontale

1 -	FOR STATE REGISTRAR			DEPA		HEALTH AND M	14.00	ENE 3	4 3	2 /		
	EASED NAME	FIRST	1	MIDDLE	N FILL	LAST	A COLUMN	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
TITPE		Elizabe	th	Pestru	р	ENGEL	1	ecember 5,	1984		3:00)am,
3. SEX	Female	4. F	RACE	1		OF BIRTH		6. AGE (IN YEARS LAST !	IRTHDAY)	IF UNDER 1 YEAR		
	remare		Caucas	lan	Ma	rch 7,18	392 ^{re AR}	92	YRS	MONTHS DAYS	HOURS	MIN.
	THPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNT	RY? 8	_		9 BALTIMORE CITY	1110.	Y OF DEATH		
Ne	ew York	1	USA			ED NEVER M		Prince	George	's		MC
IO. CIT	Y OR TOWN OF DE	ATH 11.			RSING HOME	OR OTHER INSTI		12a USUAL OCCUPA		126. KIND (OF BUSINE	SS OR
La	inham	/ 1	octor:	HEACHITY, GIVE ST	ital of	Pr. Ge	o. Co.	Superviso	OF WORKING LI	Public	c Uti	lit
13a ST	RESIDENCE (IF NUR TATE EW York	ME OR OTH COUNTY Chem		13c CITY OR T		134. INSIDE CIT	Y LIMITS?	13eSTREET ADDRESS			169 st	9
14 FAT	THER'S NAME					15. MOTHER'S	MAIDEN NAM			110		
	Henry	MIDI	3)CE	Pestru	ıp	E	izabet	h	F	Hoff	ST	
16a W	WAS DECEASED EVER IN U.S. ARMED FORCES?			16b SOCIAL S	ECURITY NO.	17. INFORMAN	١T	ADD	RESS			
Ν̈́δ	S NO OR UNKNOWN)	5 NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)			078 10 2159 Marie Free			Daughter same as #13				
NO.	PART 2: OTHER SIG		ONTRINGTING	TO DEATH BY	NOT RELATED ON WAS PERFOR		NAL DISEASE OR CO	29h. IF YE IN CERTI	VEN IN PART I	NGS USE	HY	
E.	21g. ACCIDENT WAS UN	CERTING []	21h TIME C		7111	The HOW IN	URY OCCURRE	ED (INTERNATURE OF IN	_	Post	NO L	1
	DECONTRIBUTING []		100	M. MONTH	DAY YEAR							
MEDICAL	21d INJURY OCCUR	Name and Address of the Owner, where the Parket of the Owner, where the Parket of the Owner, where the Owner,	21e PLACE	OF INJURY	14	211 LOCATIO	N					
¥	WIGH D MONTA	out 🗆	(A1 HOME ST	BET FACTORY OF	KE, FARM, ETC.)	210681	01	U. or	OWN	-COUNTY		tale:
	17% 1 certify that (11) this haspitall granding the decapiled trape and the 3 184 to 2005 184 the (1) (we) last											
	saw 1% accepted on the date and how sight from the causes stated above [1] Jivin I did Vid a not him the body after death											
3	12/5/84											
	274 PHYSICIAN'S NAME TO THE STATE OF THE STA					The Apoless						
	William D. Rosson, M.D. 5701 85th Ave., New Carrollton						on, Md.	2078	34			
23a BU	URIAL, CREMATION	REMOVAL	Dec. 8	,1984		ewn Ceme		Elmera	, New	York	S	TATE
24. FUI	NERAL DIRECTOR	Ives-Pe	arson	Funera	l Home	346	25m DATE	REC'D BY BOOK RA	REGIS	TRAR'S SIGNA	TURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	43	C	40	C
REC	G. NO.			

BY REGISTRAR 216. REGISTRAR'S SIGNATURE

250 DATE REC

DEC

Md.2070

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	464	
	ECEASED NAME FIRST		MIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
4411	Jose	ph L		Evan	s Sr.	December 11,	1984	5:05A m
3. SE	X	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
5	Male	Whit	e	July	11, 19,20	64 YR:		HOOKS MIN.
	MATTHELACE (STATE OR FOREIGN	16. CITIZEN OF	·A .	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY Prince George		MD.
10 0	Laurel	LIE NOT IN SIE	HEACHITY GIVE STREE	T ADDRESS1	ville Hospita	120 USUAL OCCUPATION (TYPOS WORK OF MOST OF WORKING TO BE DESIGNED.	G LIFE) 126. KIND C INDUSTRY Ca D	CO .
13a	STATE 13b COL		GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CO 901 4th St.	C 20	707
14. F	John	R.	Evan	S	15 MOTHER'S MAIDEN NAME FIRST Un}	MIDDLE	LA	51
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS		
	NO . (IF YES, C	IVE WAR OR DATES	214-12	-1177	Hazel L. H	Evans same	as #13	
NOI	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, O	RAS A CONSEQUE	MOUS		UNDUA TOR		10
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDI RTIFYING CAUSES YES []	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.	DE INJURY M. MONTH [M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART (OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE.	FARM, ETC.)	211 LOCATION STREET	CHY OR TOWN	COUNTY	STATE
	17s I certify that (I) this has saw the occased alies, above (I) we lide (I did 17th SIGNA (IRES)	THE PROPERTY OF THE PARTY OF TH		84	of that u(m) (our) opinion of	4_ to 12/11 death accurred on the date and		that (I) (we) last courses stated ESIGNED
No.	20 algrin	MM	0	- 6	ATTENDING ATTENDING ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12-	11-84
	GREGORY A	Bry	PTON		YZOI LAURE	- PARKUR HZ	and M	0 20702
23a.	BURIAL, CREMATION, REMOVA	1236 DATE			emetery or crematory	Dayldsonyi 1	1 acount	STATE M

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TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo etoined by the haspital or attending physician

DHMH - 16 50M 4/83

(VRA 15, 4)

FLECK FUNERAL HOME, INC. 7601 Sandy Spring Rd. Laurel

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other traumatic event, th

should be detached for use as the burial-transit permit. Then please remove con this fiste Dept. of Health and Mental Hygiene prior to burial, cremation, After this certificate has been

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

20. DATE OF DEATH MONTH 26. HOUR December 21, 1984 6:55 P 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH Prince Georges 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Govt. Ptg.Offic Clerk

LAST

13e.STREET ADDRESS / ZIP CODE 6601 Rycroft Ave. 20784

Grace Gilkerson Carl E. Farley 6601 Rycroft Ave. N.C.

MIDDLE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RITONITIS, ACUTE RESPIRATORY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 286. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO T

COUNTY

22c DATE SIGNED

STATE

TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

SIRECTOR PHYSICIAN

CITY OR TOWN

5701 85th Ave., New Carrollton, Md. 20784

230 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE

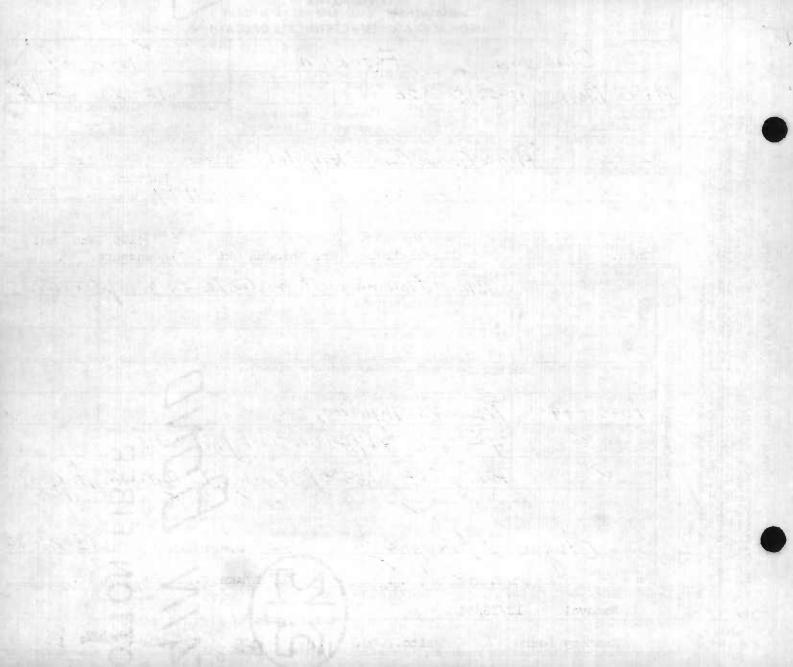
Fuenal Home, 1500 W. Braddock Rd. Alex. Va.

Brentwood, Md

DHMH - 16 50M 4/B3 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH TYPE OR PRINT) ESTIlusegum DEATH MATED SEX 4 RACE A DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 26 YRS DEAD 7a BIRTHPLACE ISTATE OR LOUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Nigeria WIDOWED DIVORCED . Prince George County UNCITY OR TOWN OF DEATH 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE)": Cheverly Driver Truck JSUAL RESIDENCE (IF IN NURSING OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 INSIDE (ITY LIMITS? | 13e STREET ADDRESS Harvard 13c. CITY OR TOWN Washington D.C. N. W. 20009 Washington YES NO [1700 Harribord Rd.. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE ADDRESS4279 58th Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO, OR UNKNOWN) | | IF YES, GIVE WAR OR DATES Unkn. 212-02-2292 Mr. Abiodun Oki Bladensburg, Md. APPROXIMATE INTERVAL II. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSELAND DEATH PART I DEATH WAS CAUSED BY: with dorter Leas or reguers MAMEDIATE CAUSE (Q DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? Remote infuses YES NO S 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR (A.M.) MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. / 0 -2Te_PLACE OF INJURY (AT HOME ZIL LOCATION 214 INJURY OCCURRED AT WORK PATTING Willing Lo 220 I certify that I took charge of the remains described above, held an Accident death result trom: Suicide Homicide . Undetermined monner Natural causes TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME 5009 Rayburn Ct., Temple Hills Md. Augusto P. Rodriguez, M.D. (TYPE OR PRINT) ADDRESS_ 230 BURIAL, CREMATION, REMOVAL 236 DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 12/26/84 Removal 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VIE A35 ME (5)) Anatomy Board Balto., Md.



STATE OF MARYLAND

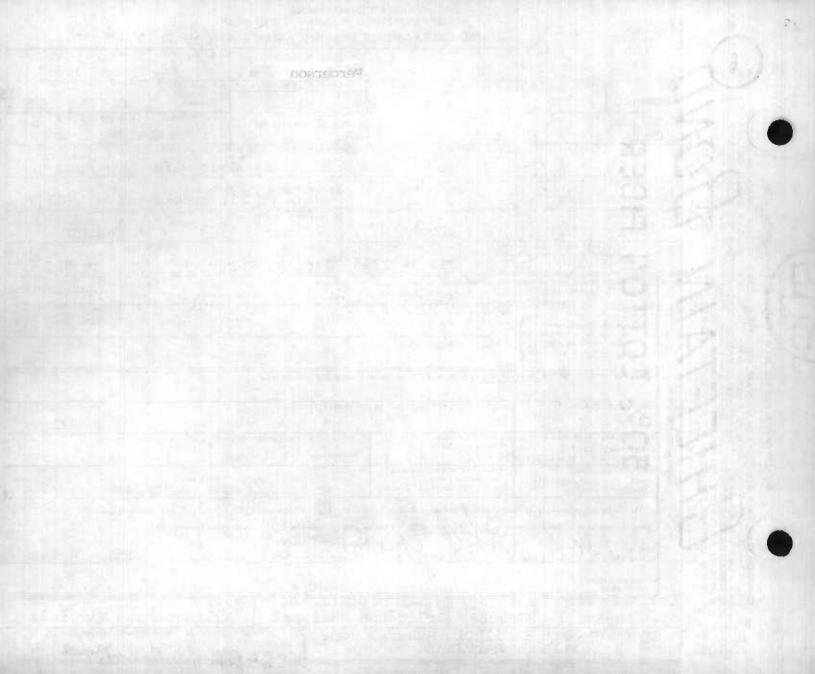
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) M Ferguson DEATH MATED Joan 10 84 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 2:15 Female White DEAD 1931 53 19 84 21 May O THE FUNERAL D BIRTHPLACE (STATE OR 7h CHIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's County, USA Conn WIDOWED DIVORCED AGE W ID CITY OF TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Prince George's General Hospital 2, AND 3. RETAIN PA Housewife Cheverly Home ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Pr Geo Suitland Maryland 231 Brooks Drive 20747 YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harry Hardy Erna Hansen 60 WAS DÉCEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO 17. INFORMANT BURIAL - TRANSIT PERMIT, PAGES I AND MENTAL HYGIENE, DIVISION C ATION, OR REMOVAL. ADDRESS IYES, NO. OR UNKNOWNI (IF YES GIVE WAR OR DATES) No 264 38 2890 Jack A. Ferguson Same as \$13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Blunt Trauma to Head CIMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - OF HEALTH AND MEN lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PRAGE A SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARKUZNID, 21201 PRIQR TO BURIAL, 20 AUTOPSY? YES XX NO T 21b. TIME OF INJURY 21g. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR 11:30xx 12-23 19 84 CONTRIBUTING CAUSE OF DEATH subject fell down stairs 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 235 Marganza South, Md. City, Anne Arundel basement stairs Co. 220. I certify that Wook charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted from Natural causes Suicide Undetermined manner TILE (SPECIFY) Assistant DATE 12-24-84 SIGNATURE MEDICAL EXAMINER Dennis F. Smyth, M.D. 111 Penn Street, Balto., Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 27Dec84 Arlington National Arlington Burial Virginia 07/84 25M 24 FUNERAL DIRECT Robert E Wilhelm Funeral Home Suitland Maryland 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20 DATE KNOWNXX MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-WILLIAM Francis FIGLIOZZI 12 19 1984 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED March 28,193' Male White DEAD 191084 10:17 YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PM FOREIGN COUNTRY Washington, DC USA Prince George County MD WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Supervisor Clinton Southern Maryland Hospital US Government SUAL RESIDENCE (IF IN NURSING, NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Anne Arundel 21054 Gambrills YES X 1282 Lavall Drive Maryland NO [FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Figliozzi Patane Frances Lucy Anthony 60/WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 577-50-2700 Janet C. Figliozzi same as 13e. Korea 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SED AS A BURIAL - TRANSIT PERMIT F HEALTH AND MENTAL HYGIENE, IAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MENT OF YES XX NO [] TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE TO FUNEMAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DE SAMINENT BATTIMORE, MARTVAND, 21201 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 12/19 19 84 driver of truck in collision with tractor CONTRIBUTING CAUSE OF DEATH 9:23PM 21e PLACE OF INJURY LATHOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK roadway Rt301/RosaryvilleRd, Marlton, PrinGeoCo, MD 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram Natural dayses Accident VV Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12/20/84 MDAssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, MD. ADDRESS_ 111Penn Street, Balto, MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION DEC 22,1984 Ft. Lincoln Cemetery Brentwood, Pr. George's Brentwood, Pr. George's, MD 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** , ha Laydson-Handell Funeral Home Bowie, MD 20715 (VR A15 ME (5))

STATE OF MARYLAND

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OF MARYLAND ALTH AND MENTAL HYGIENE

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REG. NO.				

		CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEA	AR 2b. HOUR
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81	3 SE	X		4. RACE			OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 Y	
1		Male		Whi	te	Octo	ber 30,1932	52	YRS	1000	ATS HOURS MH
1		RTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MARRIED	9 BALTIMORE CITY			н
7/		shington,	D.C.	U.S.	A .	WIDOWI		Prince G	eorge	s Cou	ntv
-		ITY OR TOWN OF D		11. NAME OF	HOSPITAL, NURSI	NG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	12b. KIN	ND OF BUSINESS
00	L	andover			CHEACILITY, GIVE STREE			Electroni			lf-Employ
100	USU	AL RESIDENCE (IF NE	URSING HOME OR	OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR	RE ADMISSION)		A - 1	-		11-Empio
30		aryland	P.		Landove		YES NO T	13e STREET ADDRES			784
,		ATHER'S NAME					15 MOTHER'S MAIDEN NA	ME	mon A	100	
60		Fred		MIDDLE	Flynn		Lillian	WIDDIE		p	erkins
1	16a \	WAS DECEASED EVE			16h SOCIAL SEC	URITY NO	17 INFORMANT	ADD	RESS Ad		Same as
/	(YES, NO OR UNKNOWN)		e war or dates)	578-40-	9953	Jane Collis			# 13e.	
					r line for 10 0 b', o		1 00000				PROXIMATE INTERVAL VEEN ONSET AND DEAT
		PART I. DEATH	WASCAUSE	D BY.	Vu	hu	Carlo O			BEIW	L La
			IMMEDIA	TE CAUSE (o)	-	1	wayin	•			0 00
				DUE TO, C	OR AS A CONSEOL	JENCE OF	1.			1	0.0.
					1 1.	11 -	the deer t	1		6	IAI K
		Conditions, if or		(b)_	Carms	my;	the Lug T	mets herry		6	into
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	z	gove rise to it couse (o), sto underlying cou	mmediate ting the ise lost.	(()_			TNOT RELATED TO THE TERM	mely fells	PNDITION	GIVEN IN PAR	RT lio
	TION	gove rise to in couse (o), sto underlying cou	mmediate ting the ise last.	CONDITIONS C	ontributing to	DEATH BUT					
2	ICATION	gove rise to it couse (o), sto underlying cou	mmediate ting the ise last.	conditions <u>c</u>	ontributing to	DEATH BUT	TNOT RELATED TO THE TERM	AINAL DISEASE OR CO	20b. IF	YES, WERE FI	NDINGS USED USES OF DEATH?
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29		gove rise to it couse (0), sto underlying counderlying counderlying counderlying counderlying counderlying DART 2 OTHER SIGN OR CONTRIBUTING SIFESTIMER NOTIFY ME AND	Minediote ting the ise lost. GNIFICANT CONTROL OF THE INTERIOR CONTROL OF T	19b CONDITIONS CONDITI	ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO ONTRIBUTING TO M. OF INJURY OF I	DEATH BUT H OPERATIO DAY YEAR 19 FARM.ETC.)	216 HOW INJURY OCCUR 211. LOCATION STREET 19 nd that in (my) (my) (opinion) DEGREE ATTENDING PHYSICIAN 278 ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR deoth occurred on the	20b. IF IN CER	YES, WERE FITTIFYING CALLYES 8 PART LORPAR COUNT 19 22c. D Den	NDINGS USED USES OF DEATH? NO
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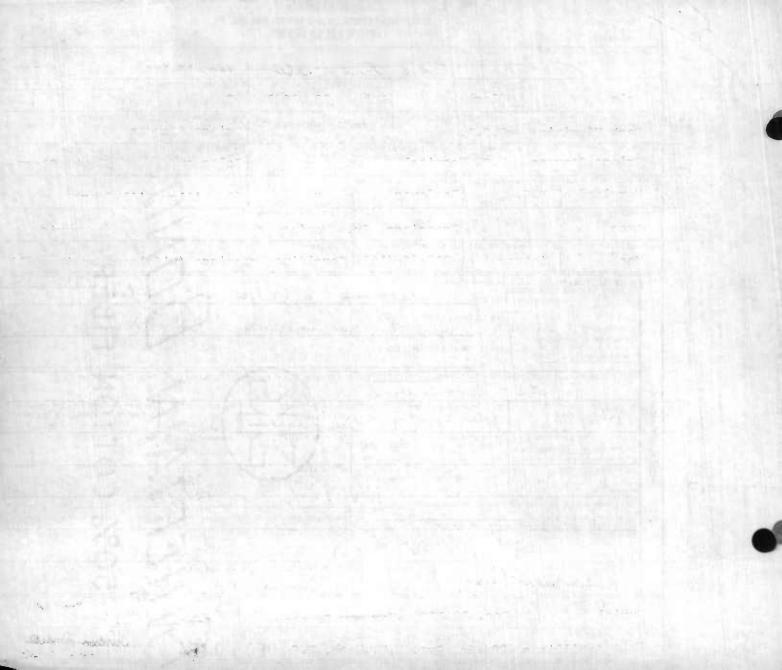
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Occumulan Dec. 13, 1984 Urt. | Angels Committeey: Brentwood

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- he			CEASED NAME FIRST	/	WIDDLE		LAST	26. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
200			Mila	01	KAY	1-1	AHC1560	Dec. 16,1		7:30P M
schor. p		3 SE	Male	Black	/	Feb	23 1941	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE MONTHS DA	
eath. Pa	\$35	C C	RTHPLACE ISTATE OR FOREIGN OUNTRY	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED D	Prince Geo	orges	1 MD.
rs offer d by the fu	The state of		Prince Georges	11. NAME OF	HOSPITAL, NURSIN CHEACILITY OVE STREET HOSPITAL	G HOME (OR OTHER INSTITUTION	120. USUAL OCCUPATI TYPE OF WORK FOR MOST O Salesman		D OF BUSINESS OR
212 how	35	13a. S	LATE ATYLAND	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE LANGOVEY Landovey		134. INSIDE CITY LIMITS?	3 STREET ADDRESS 504 Willow	Hill Court	2784
MARYLAND 5 ted within 24 pmpletely filled ond 2 should	166C	1	THER'S NAME Amos	WIDDLE	Francisc	o, Sr	15. MOTHER'S MAIDENNA FIRST Maxine	ME	Mo	orris
BALTIMORE, A cote be execute ysicion and cor	medicol	láa V	VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES) Cham	235-60-		Geraldine Fr	ancisco (wi		item #13
W. PRESTON ST., or the death certification by the offending phase remove corbangs.	outor, cremanon, or removing, or other troumotic event	7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, CO DUE TO, CO DUE TO, CO CC TCONDITIONS C		NCE OF	dunnered relace	a c levita	farline with	ROXIMATE INTERVAL FEN ONSET AND DEATH
RECOR low res	18 shows ony injury.	CERTIFICATION	190. DATE OF OPERATION 12/16/87 210. ACCIDENT WAS UNDERLYING	196. COND Seples	e Reperty	OPERATIO	N WAS PERFORMED Michael Total Lo 216 HOWINJURY OCCUR		206. IF YES, WERE FIN IN CERTIFYING CAUSTY YES THE TEM 18, PART I OR PART	SES OF DEATH?
¥ 44 4 1	orked or Hem 1	MEDICAL	OR CONTRIBUTING CAUSE OF THE EITHER, NOTHEY MEDICAL EXAMINATION 214. INJURY OCCURRED WHILE NOT WHILE AT WORK	(ER) P	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	19	2H. LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
TENDIR or use	121 is mo		220 I certify that (I) (this has sow the deceased alive abave, (I) (we) (did) (did	on	19	[2] [nd that in (my) (aur) apinion	to	ate and haur and from t	, that (I) (we) last the couses stated
bit at OR AT by the hosp ERAL DIRECT	ANT: # Hen		226. SIGNATURE	ply	a (dr L	2	ATTENDING PHYSICIAN 226. ADDRESS 0	MEDICAL STAI	FF	ATE SIGNED
TO HOSPITAL (retoined by the TO FUNERAL should be deto	IMPORT	71a B	R Lingue	withing	122		Riverdali		37.	
		130.0	Surial		20,1984	chel Harmo	tenham Vete	rans Cholt		STATE
DHMH-16 60M 1/	73		NERAL DIRECTOR	ns 4804 G			lash D C DE	E REC'D. BY REGISTRAR	THE REGISTRATES SIGN	Handett.



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FOR /16/85 **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) DEATH MATED 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 4 RACI 5 DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED DEAD 2 KRS 70 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! DIVORCED Georgia WIDOWED [NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Clerk -.S. Govt. 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 130 STATE NO [] 5 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Edith Evans Tivers FIRST Freeman Glenn ADDRESS 4517-Ridge 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Glenn R.Freeman-Forest 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE & SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH WITH THE SYMMET STAND OF SHAND. Inspection X 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my apinian Natural couses death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE EXAMPLE THAME 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Riverdale Baptist Burial Riverdale Clayton Georgis BP. 24. FUNERAL DIRECTOR Nalley's DATE REC'D. BY REGISTRAR **DHMH - 17** Inc. who Davidson-Randall (VR A15 ME (5)) 20M 4/82

STATE OF MARTLAND

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Terest to the second of the se 250-11-117E Plend A. Laur-Man- Smuth Laur. Engan En

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED bur 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 24 HRS DATE [BIRTHDAY] RONOUNCED DEAD YRS 78 BIRTHPLACE (STATE OR 9. BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wash., D. C. U.S. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR 'NDUSTRY 13d INSIDE CITY LUMITS? YES NO 15. MOTHER'S MAIDEN NAM MIDDLE MIDDLE FIRST Isaac Fugitt Pinkney Day 7. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-07-5133 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per reliente agude à Vascular derce BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause fast. A BURIAL DIVISION OF VITAL RECORDS, HEALTH AN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY AGE 3 SHOULD B 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTORE PLAFTER DEATH, WITH THE STINGNORE, MARYLAND, 2 22a I certify that I taak charge of the remain: described above, held an Autapsy Inspection and in my apinian Hamicide death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez. M.D. ADDRESOO Rayburn Ct., Temple Hills, Md. 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Removal 12/2/84 BP. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS Anatomy Board Balto., Md. (VR A15 ME (5)) 20M 4/82

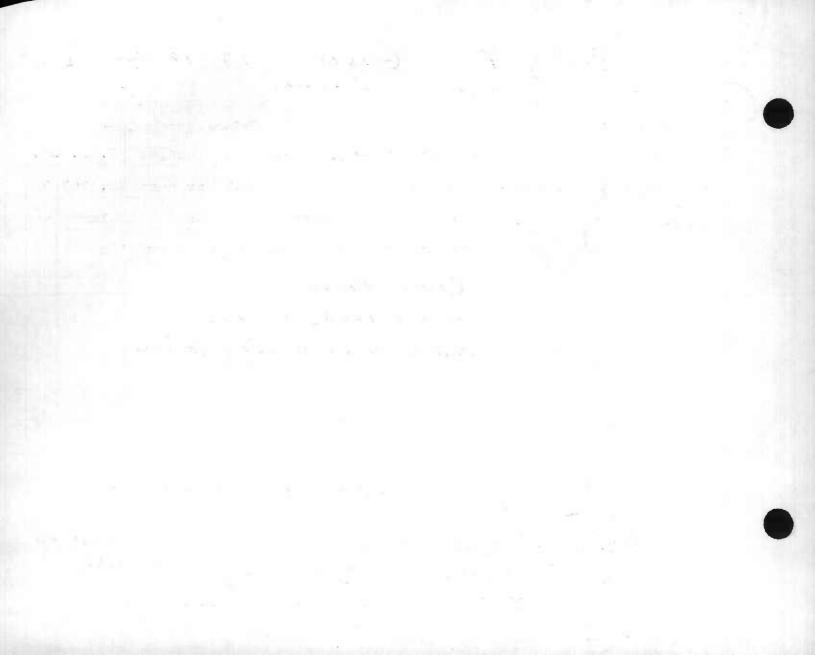
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STATE OF MARYLAND



	1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	4340
		CEASED NAME FIRST PAUL	F A. RACE	Ga.	NACA	20. DATE OF DEATH MI	
		Male	Caucasian	Sep		55	YRS.
47		RTHPLACE STATE OR FOREIGN COUNTRY) Shington DC	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIE WIDOWE	D NEVER MARRIED	Prince Geor	
874	L	aurel	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Greater Laurel	Belts		12a USUAL OCCUPATION	N 126 KIND OF BUSINESS OR
35	13a. S Ма:	ryland Ann	TOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW Laurel	/N	13d. INSIDE CITY LIMITS? YES NOXO	342 Marga	inza So. 20707
26		ather's name oseph	C. Gannor	1	Ediffh	Mae	Elam
2 medicol	16a V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (18 YES, OR NO	MED FORCES? 166. SOCIAL SECU 577-32-		Marion Gan	non Same	as #13e
vent, the		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), on ED BY: TE CAUSE (a)		ARREST		APPROXIMATÉ INTERVAI BET WEEN ONSET AND DÉATH
injury, ar other traumatic	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF L	RNAL FA	olony Fail	TION GIVEN IN PART 110
No on	CERTIFICATION	19ª DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
tem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
marked or Item 18	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, I		211 LOCATION STREET	CITY OR TOWN	N COUNTY STATE
21 is mo		saw the deceased alive ar	ital) attended the deceased fram 12-18 - 19 2 at) view the body after death.	2/4	nd that in (my) (our) opinion o	to 12 — 1	b 19 <i>B4</i> , that (1) (we) lost e and hour and from the causes stated
MPORTANT: If Hem 21 is		22b. SIGNATURE Ullian 22d. PHYSICIAN'S NAME (TYPE O	A. Wanen	w	ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	AN 13-18-84
IMPORT	22-1	Wm A	Warnew	NAME OF C	0-	Gargo St L	aurol, 18 20107
		BURIAL, CREMATION, REMOVAL ISPECIFY) Burial	12/21/84 Me	adow	emetery or crematory ridge M. Pk	. Barrtimo	rd Maryland
/83		THE Sandy S		E INC		EC 2 OF 1904	MEGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)



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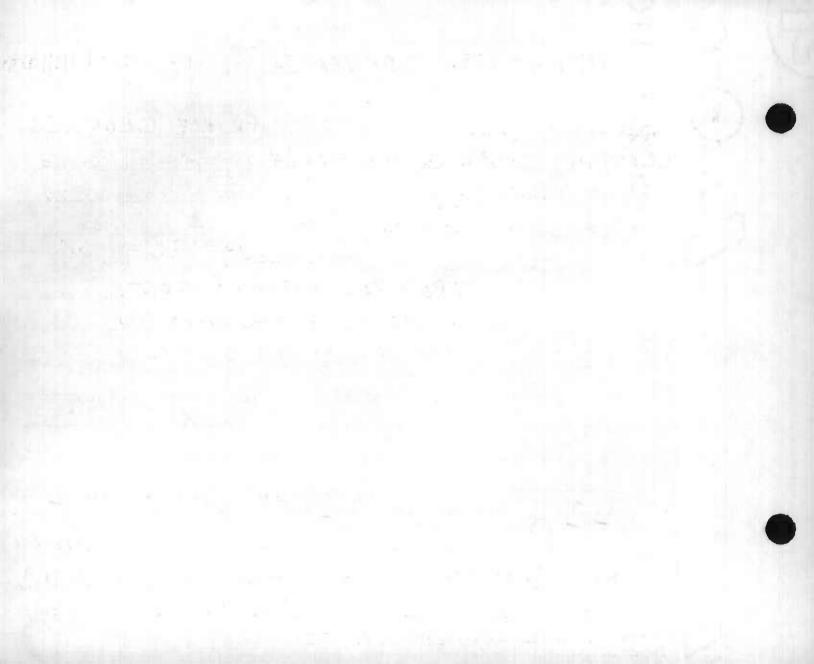
STATE OF MARYLAND

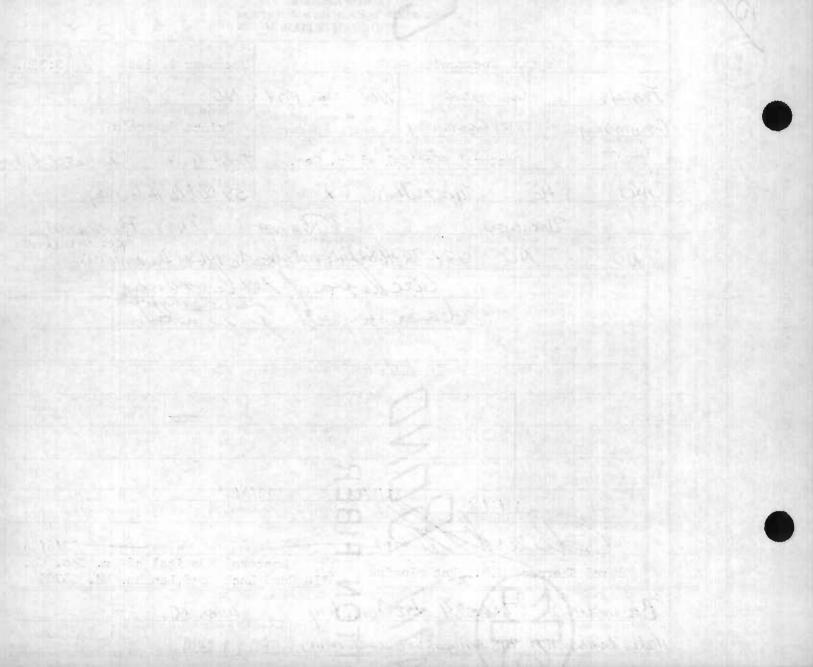
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
DECEASED NAME FIRST	RY E.	GARNER	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 12 09 84 2:35A
Female	1. RACE Black	5. DATE OF BIRTH MONTH DAY Sept. 15, 1915	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HBS. MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNT		9. BALTIMORE CITY OR COUNTY OF DEATH
CHEVERLY		RSING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Unemployed None
MSUAL RESIDENCE (IF NURSING HOM 130 STATE Md.	DUNTY 13_ CITY_OR T		130 STREET ADDRESS / ZIP CODE 20710
14. FATHER'S NAME FIRST SIMON 160 WAS DECEASED EVER IN U.S. LYES NO OR UNKNOWN 18 YES	GIVE WAR OR DATEST		MIDDLE
	(c)	40 mgs 100	am abdrue ERMINAL DISEASE OR CONDITION GIVEN IN PART 110
		TO DEATH BUT NO WILLATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A.M. MONTH	DAY YEAR 19 21t HOW INJURY OCC 21t LOCATION STREET	CITY OR TOWN COUNTY STATE
220.1 certify that (I) (this ha	mat) view the body offer death.	9 , and that in (my) (our) opini DEGREE ATTENDING	ion dedth occurred on the date and hour ond fin the causes stated 22. DATE SIGNED STAFF DIRECTOR PHYSICIAN
7726 PHYSICIAN'S NAME III	W CHARLE	22e ADDRESS	32 Ann a polls Rd usburg, md- 2070/
24 FUNERAL DIRECTOR	12/14/84	FT. LINCOLN CEH	CITY OR TOWN LOUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 7h HOUR (TYPE OR PRINT) Earl DEATH MATED SEX 5 DATE OF BIRTH IF UNDER 24 HRS DATE YEAR DAY PRONOUNCED 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TA BIRTHPLACE (STATE OR NEVER MARRIED Washington, D.C. Prince George"s County WIDOWED A DIVORCED D CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Brickiaver Cheverly Maryland JSUAL RESIDENCE (IF IN NE Seat Pleasentd. INSIDE CITY LIMITS? 6600 Central Ave. Marvland Prince George's" 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Gilliums Floree Earl Pyles 17. INFORMANT Herman Gilliums (Bro.) Mitchville, Md. 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) Unknown 578-42-0086 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: pertenous Cardio Vas cula descard IMMEDIATE CAUSE (a) DUE TO, OKAS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURI YES [NO . 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion PAGE 4 SHOULD BE INTO FUNERAL DIRECTO Natural couses Homicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME! ER A 5009 Rayburn Ct., Temple Hills, Md. Augusto P. Rodriguez, M.D. ADDRESS 23c NAME OF CEMETERY OF CREMATORY Arlington National 230 BURIAL, CREMATION, REMOVAL 236. DATE Arlington 12-27-84 SPEBurial Va. BP 24 FUNERAL DIRECTOR 4339 Hunt Pl., N. H 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Rollins Funeral Home, Inc. Washington, D.C. 200 **DHMH - 17** Julia Daydon Jandale (VR A15 ME (5)) 20M 4/82

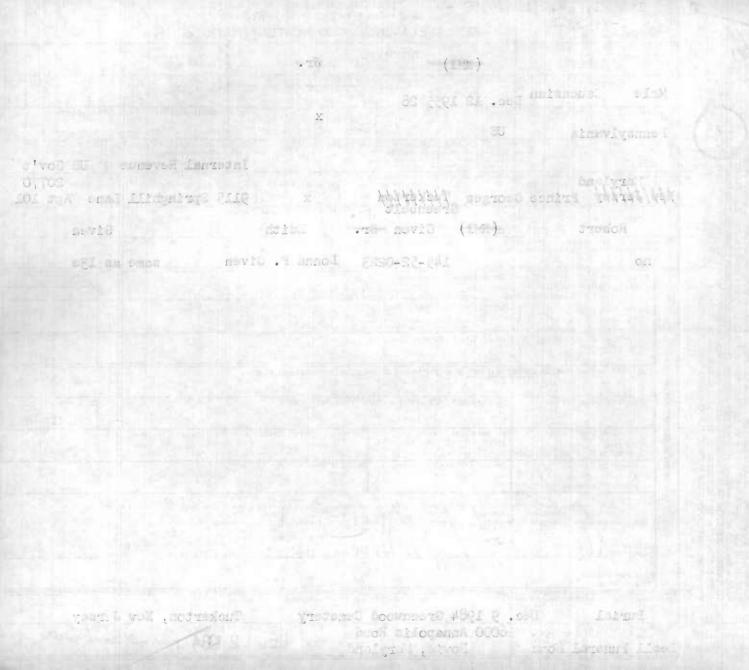
STATE OF MARYLAND

20 3 110 THE PROPERTY OF STREET ASSESSMENT vious Seames confy .A.c.O D.C .BoJ himson Ties revelopment the rest of t Maryland Filmos Ceorge's Jest Pleasent T. Tressent Test Best Pleasen Cilling Plores Parelline Yes Unknown 578-2-0086 Person Cilitums (ero.) Milohyille 182 and Surial 12-27-84 Arlington Mational Artiston Va. erling Funeral Home, inc. panington, D.J. of the contract of t

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OF PRINTS SOPHIE GILMORE 12-18-84 7:28AM 4 RACE 6. AGE (IN YEARS LAST BETTHDAY) IF UNDER LYEAR # UNDER 24 HRS 5 DATE OF BIRTH 3. SEX YEAR Black 1925 Female TO BIRTHPLACE (STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGE'S South Carolina DIVORCED | USA WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL Maid JOUAL RESIDENCE I FINURI INGHONE OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND 6613 Weston Ave Maryland . G Capitol Hatts Es Cx NO 14 FATHER'S NAME MIDDLE LAST Brantlev Summers Estelle Brown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT BALTIMORE LIF YES, GIVE WAR OR DATES! 579-52-4015 Betty Atkins-1984 Addison Rd No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I, DEATH WAS CAUSED BY candio fulmona Ry IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF COKONDRY Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS MUCHIC 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21 a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART T OR PART 2) 216 TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (and) (did not) yew the body after death 225. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL D FUNERAL I PHYSICIAN M DIRECTOR PHYSICIAN F 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 0 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL Burial 12/22/84 Landover, Maryland Harmony Cemetery 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SI DHMH - 16 50M 4/B3 Alexander S. Pope 2617 Penn. Ave., BFE. (VRA 15, 4)

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	DIRECTOR DIRECTOR OUR FILES.	3. SEX	ale Caucasia	5. DATE OF BIRTH MONTH DAY Dec. 12	YEAR LAST BIRTHO	AY) MONTHS		24 HRS. 2c. DATE MIN PRONOUN DEAD	NCED	6 19 84 5:44
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LTIMO	VE PAGE I FORM GES 1 AI SION OF	16a V	VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, GN		145-52-02	100	7. INFORMANT Donna P. (liven	ADDRESS	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	ULD BE EXECUTED WITHIN 24 HOUR "PENDING". IN PENCIL IN ITEM 18. "F AEDICAL EXAMINER ALONG W ED AS A BURIAL TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.		Conditions, if any, which	ATE CAUSE (a) A	cute myoca: AS A CONSEQUENCE Oronary ar	OF		n		
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DIVISI	WER, THIS CERTIFICATE SHOULD CATE, WRITING THE WORD. "PER FORWARDED TO THE CHIEF M. OPER, PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA NUD, 21201 PRIOR TO BURIAL, C.	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOC		CITY OR TO	wn co	DUNTY STATE
	TO MEDICAL EXAMINER: THI EXECUTE THE CRETIFICATE. WE EXECUTE THE CRETIFICATE. WHAT TO FUNERAL DIRECTOR: PAR AFTER DEATH, WITH THE STAN BALTIMORE, MARYLAND, 217		220. I certify that Took char death resulted from: Nat	rge of the remains during		Autopsy	Inspectio	n , Inquiry	ond in my o	pinian
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death cuttificate be received in the 24 hours after steam Pages retained by the hospital or ottending physician.

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	3. SEX			4 RACE		5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24
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88	70. BIRTHPLA	ACE (STATE OF	FORE IGN		WHAT COUNT	DV2 8	D X NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH	
13	10. CITY OR	dale, M		11. NAME OF	HOSPITAL, NUR CHEACILITY, GIVE ST and Memo	REET ADDRESS)	or other institution ospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND C NG LIFE} INDUSTRY	F BUSINES
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/	Yes, NO	OR UNKNOWN)	Kor	E WAR OR DATES)	525-68	8-3372	Mrs. Virgin	ia Gonzales N	Vo# 13e.	
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STATE OF MAKTLAND

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DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

REGISTRAR I. DECEASED NAME

- STATE

22c. DATE SIGNED 14300 Gallant Fox Lane #222, Bowie, Md. CREMATION 24 FUNERAL DIRECTOR RIVERDALE. Md. W. W. CHAMBERS CO.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

2b. HOUR

12b. KIND OF BUSINESS OR

HOME

IF UNDER I YEAR

INDUSTRY

COUNTY

STATE

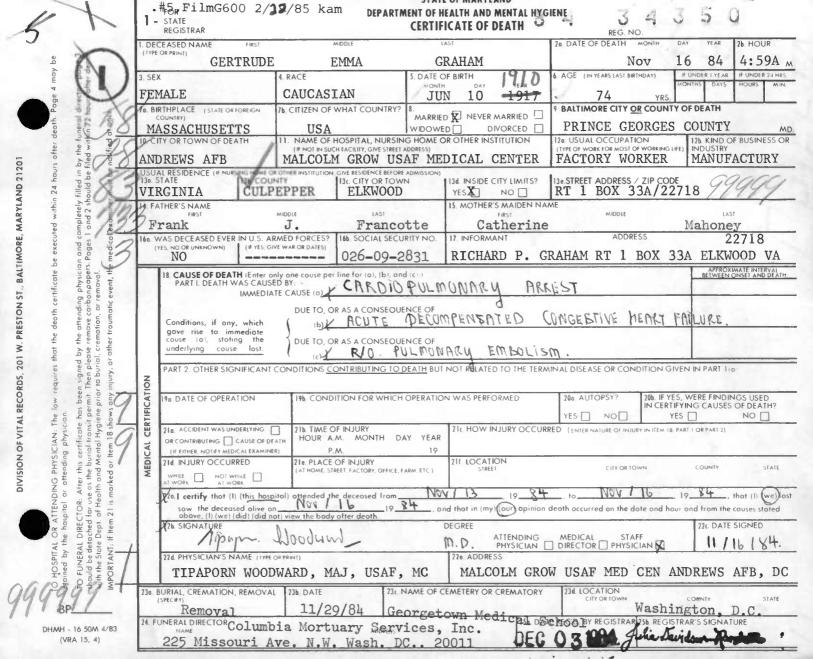
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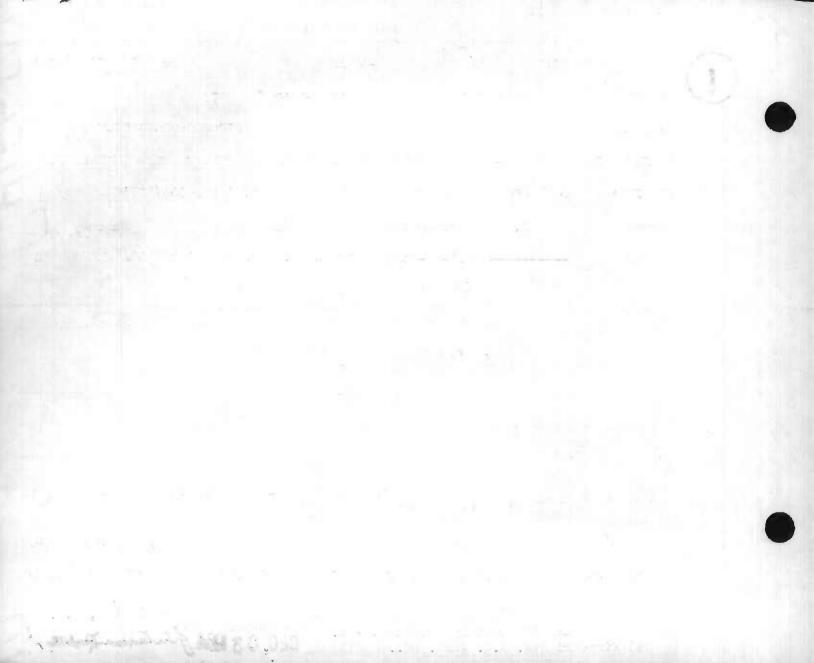
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.				9

FOR STATE		DEPAR		EALTH AND MENTAL HYG	IENE 43	4	3 5	
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(TYPE OR PRINT)	776.10						- •	26 HOUR
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Mt. Rainier		UCH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	OF BUSINESS OF
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13b. Co	YINUO	13c CITY OR TO	WN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS			0712)
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FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAS	51
John		Granir		Mary			lopkir	18
WAS DECEASED EVER IN U.S.	ARMED FORCES		CURITY NO.	17 INFORMANT	ADDR	ESS Same	as a	above
No	-	579-09	7273	A Catherin	le N. Gran	ninger	r (Wif	fe)
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO.	OR AS A CONSEO	UENCE OF	NOT RELATED TO THE TERM	Cauch Inal Disease or con	IDITION GIVE	N IN PART 10	0
						D.11011 0112		
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OR CONTRIBUTING CAUSE OF	F DEATH HOUR	P.M.	DAY YEAR	21¢ HOW INJURY OCCURR	harm!		Land	
WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE	FARM ETC)	216 LOCATION STREET	CITY OR TO	IWN VO	COUNTY	STATE
220 1 certify that (At) this his saw the disceased alive above (Ni) verified above			, 01	nd that in (my) (aur) pinian o	death occurred on the d	ate and haur	and from the	
226 SIGNATURE	Land &	>	m		MEDICAL STA	FF CIAN []	12/2 DATE	24 72
27-	HAIDA			220 ADDRESS AZALLS	irlle			
(SPECIFY)				EMETERY OR CREMATORY	23d LOCATION		J'OUNTY.	» STATE
Burial	12-2	22-84 1	Ft. Li	incoln Cem.	Brentwo	od 1	F. Gec	o. Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remave carbon with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, as re-

TENDING PHYSICIAN.

injury, or other traumatic

marked or Hem 18 show

Nalley's F.H.Inc.

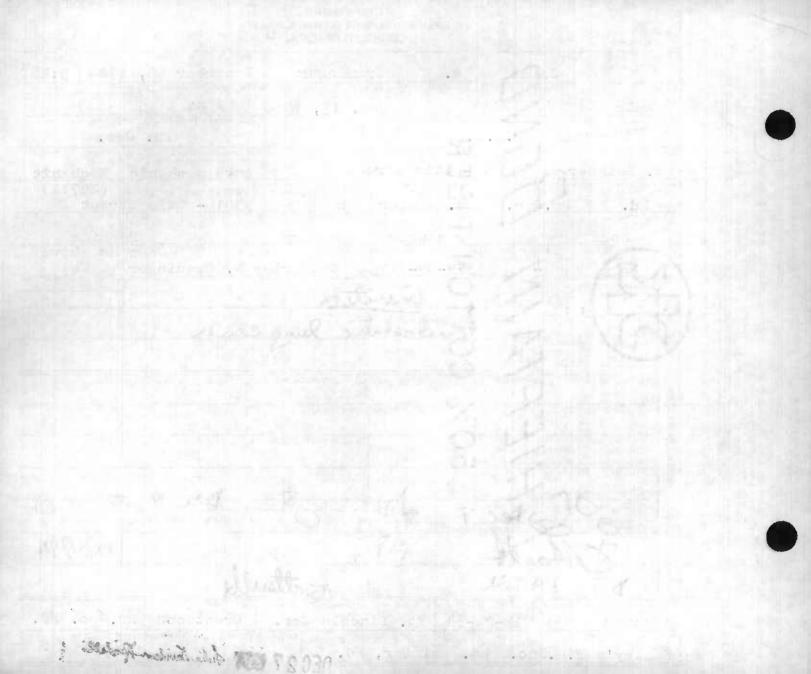
24 FUNERAL DIRECTOR

Mt. Rainier, Md.

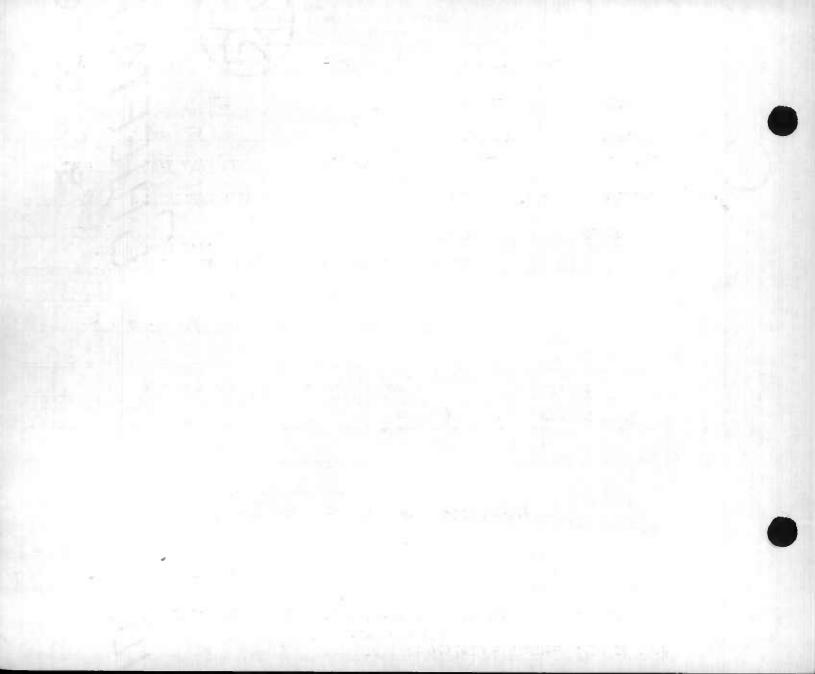
Brentwood

Pr. Geo. Md.

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Antonetic . Herocom and Antonetic . Ribaldi New Teach British Company of the Com ASIAT AND THE PERSON OF THE PARTY OF THE PAR THE HOLD LANG MAN TO BOTT & QUE SONOWALL CLOSE Whole to property the grant and some the grant the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 5 4 3

4	REGISTRAR		CERTIFICATE OF DEAT	REG. NO.	
Ì	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	MARGOT	E. (GUSTKE	DEC. 23-1984	7.50AM
Ì	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	CAUCASIAN	-		RS. DAYS HOURS MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARR	BALTIMORE CITY OR COL	JNTY OF DEATH
	OErmany4	45.4.	WIDOWED DIVORC		eorge's MD.
A	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUT	ON 12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
1	Lanham		tal of Pr. Geo.		
0	USUAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	1	,
	130. STATE	NTY 13 CITY OR TO	WHAT YES NO	10.00	
7	14 FATHER'S NAME) - (STANAHS	15 MOTHER'S MAI	DEN NAME	31.
	FIRST	MIDDLE	FIRST	MIDDLE	LAST
1	MAX	(NA) HEES	E Johan	INA (NA)	GENNERT
1	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
1	wo -	- 687-30	-0628 ()1/h2/m	GUSTRE CAME AS	5# 139)
1	18 CAUSE OF DEATH (Enter or	nly one couse per lyng for (a), (by, o	and ici.)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSE	TE CAUSE (0) Can Cu	o ver sua to	, arrest	
1	IMMEDIA				
ł	Con Paris of Control	DUE TO, OR AS A CONSEQ	UENCE OF	+ Star Cina	
1	Conditions, if ony, which gave rise to immediate	(b)	1) 1000 10 000	1 accord	
1	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	/		
1		((c)	no my of	x any	
1		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	HE TERMINALIDISEASE OR CONDITION	GIVEN IN PART 110
4	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	The constitution of	CONTRACTOR OF THE PROPERTY OF	Lee MITORCHA Lee	IF VEC. WERE ENJOYING WAS
7	MO DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
	ALL LANGE CONTRACTOR OF THE PROPERTY OF THE PR			YES NXXX	YES NO
	OR CONTRIBUTION OF STATE OF ST	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
ı	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	19		
1	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC.)	/	
1		oital) attended the deceased from	100/ 19	84 10 12/22	that (1) (we) lost
1	sow the deceased alive or	n /1/2 2 196		opinion death occurred on the date on	
١	22h SIGNATURE	of view the body after death.	DEGREE		22c DATE MIGNED
1	111. W.	1//2 0	ATTEN	DING MEDICAL STAFF _	1=/5=/1
	THE PHYSICIAN'S NAME THE	18 Miney	PHYS 1224 ADDRESS	CIAN DORECTOR PHYSICIAN	111/23/14
				14 Wardhama Dila	Unnew Mawlhows Md
1	A. Clark Ho	Imes, M.D.	14314 0.	ld Marlboro Pike,	upper Mariboro, Md
	230 BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c	NAME OF CEMETERY OR CREM	ATORY 23d LOCATION	COUNTY STATE
	Comstion	2420c84 L	EE Cremstery	TUAShingto	
	24 FUNERAL DIRECTOR		Lankon mo.	25a DATE RECO BY REGISTRAR 25b A	
	rlaiss Lanham F	inspalling 903	maradis Ro	TIN 7 TOE	Tie Jurier Mandell
	.,	C. 11 10 1 140 11/2 10.01	7.1.3.1.		

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

must be notified at once.

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MPORTANT: If Hem 21 is marked or them 18 shows any injury, or other traumatic event, the

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		C	ERTIFICATE OF DEAT	HO 64	REG. NO.	A 673	2 4		
DECEASED NAME FIRST		MIDDLE	LAST	2a. DA		Онтн 1	DAY YEAR	2h HOU	R
			Hainey	No	vember 1	3, 19	984	12:3	19p
SEX	4 RACE	5.	DATE OF BIRTH		(IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER	24 HRS
Female	White	0.351-194	November 13,	1984		YRS	MONTHS DATS	HOURS !	55
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRI	9 BAL	TIMORE CITY OR		OF DEATH		
Clinton	U.S.		IDOWED DIVORCI	ED 🔲	Prince G	eorge	e's		M
CITY OR TOWN OF DEATH	1. NAME OF	HOSPITAL, NURSING H	HOME OR OTHER INSTITUTION		UAL OCCUPATIO		12b. KIND O	F BUSINE	SS O
Clinton	So. Ma	aryland Hos	pital Center	(1446.0	P WORK FOR MOST OF	MONKING (IL	INDUSTRI		
SUAL RESIDENCE (IF NURS) - HOM 0. STATE	E OR OTHER INSTITUTION	13c. CITY OR TOWN	13d INSIDE CITY LIA	AITS? 130 STI	REET ADDRESS		18	201	P
	Charles	Bryans Ro			7 Boxwoo	d Cin	rcle	01	/
FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIL	DEN NAME	MIDDLE		IAC		
Danny I	ee	Hainey	Deidre		Valerie		Ale	xand	er
(YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECURITY	YNO. 17 INFORMANT	14. 1/6	Alwand	Ser.			
18 CAUSE OF DEATH (Ente			17 KKWIX	100 1 2	V Faria	-	I APPROX	MATE INTER	IAVS
PART 2 OTHER SIGNIFICAN	. (c) NT CONDITIONS <u>C</u>		TH BUT NOT RELATED TO THE		AUTOPSY? I	20b. IF YES	EN IN PART 10	NGS USER	D TH?
210 ACCIDENT WAS UNDERLYING	21b. TIME C	NE INTUIDY	21. HOW INTURY	YES			S 🗌	NO []
	DEATH HOUR A.	M. MONTH DAY	YEAR	OCCURRED (EN	TER NATURE OF INJURY	IN ITEM 18 P	ART I OR PART 2)		
CAUSE OF CHIEFET NOTIFY MEDICAL EXAM	218 PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE FARM	211 LOCATION STREET		CITY OF TOW	٧	COUNTY	S.	TATE
220 I certify that 1) (this has saw the deceased alive above, (1) (we) (did) (did)	on	1/3 19 84	, and that in (my) (our)	, ta	curred an the date	and have	19 8 4, i and from the		
22b. SIGNATURE	00		DEGREE				224. DATE	SIGNED	AX.
Carmen	2 me	Simo			TOR PHYSICIA	N	11/	15/8	4
226. PHYSICIAN'S NAME (TY	PE OR PRINT)		22e ADDRESS						
Carmen E.	Enecio		So. Mary	land Ho	spital C	enter	r		
BURIAL, CREMATION, REMOV	AL 236 DATE	23c NAM	E OF CEMETERY OR CREMA	ATORY 23d	LOCATION		0		
Remation	12/7	184 20.	mod Hosp.	ewer (Inter)	P.G.	}	ATE
FUNERAL DIRECTOR		1	11	TO DATE DECID	DV DECICED ADIA	L DECICE	DARKE CLOSS	105	-1-0

DHMH - 16 50M 1/B1 (VRA 15, 4)

NAME

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detached for use as the burnal-transit permit. Then please remove corban papers. Powith the State Dept, of Health and Mental Hygiene prior to burnal, cremation, ar removal. val 8 shov

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		1 Chates	stimad basits	M . 00	mosmillo
le	37 Sustained VE		Brad ameyrd	INTERIOR TO	Mary Land
nhúsmelA	Valerie	agistrati			Vona0
			- September 1		
	no hospital Gencer		- September 1		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	. 3	-	5 345	2
REG. N	54	0	2	6
REG. N	10.			

	FOR - STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG. N	4 3 5	6
	ECEASED NAME FIRST	M	IDDLE	NO.	Hainey	November 1		76 HOUR 11:20a.
3 SE	EX	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	-	M
	Female	White		Nove	mber 13, 1984			DATS HOURS MIN.
2	BIRTHPLACE (STATE OR FOREIGN CONTROL Mary Land CITY OR TOWN OF DEATH	U.S.	VHAT COUNTRY? OSPITAL, NURSING	WIDOWI G HOME (ED NEVER MARRIED ** ED DIVORCED DOR OTHER INSTITUTION	9 BALTIMORE CITY O Prince 12d USUAL OCCUPATI (TYPE OF WORK FOR MOST O	George's	MD. ND OF BUSINESS OR
	Clinton				al Center			
13a.	JAL RESIDENCE IF NURS OF COU STATE COU Maryland Ch		13c CITY OR TOWN Bryans R	1	13d INSIDE CITY LIMITS?	37 Boxwoo	d Circle	0617
/	TATHER'S NAME PIRST Danny Lee	Hainey	LAST		15 MOTHER'S MAIDEN NAM Deidre	Valerie	Alexan	der
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G		16b SOCIAL SECUR	NITY NO.	17 INFORMANT	V. Alixon	n Des.	
CATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS CO		EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES, WERE F	INDINGS USED
CERTIFIC						YES NOT	IN CERTIFYING CAL	USES OF DEATH?
DICAL CER	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M	A. MONTH DAY	YEAR	21c HOW INJURY OCCURR			
WE	NOT WHILE AT WORK		ET FACTORY, OFFICE, FAI	RAM ETC)	STREET	CITY OR TO	wn count	Y STATE
	220.1 certify that (1) (this hasp saw the deceased alive a abave, (1) (we) (did) (did no 22b. SIGNATURE				, 19_84 nd that in (my) (aur) apinion o	to, to		
1	Carner	E &	ucism	2.	ATTENDING PHYSICIAN	MEDICAL STAF	F	11/15/84
1	Carmen E. E				So. Maryland	d Hospital	Center	
230.	BURIAL, CREMATION, REMOVAL	12/1/S	3+ 231 N/	ME OF C	Hox. Center	23d LOCATION GIY OR LOWN	P.G.	nd

ADDRESS

BP.

24 FUNERAL DIRECTOR DHMH-16 50M 1/81 (VRA 15, 4) NAME

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in my many of the property.

WASHINGTON, D.C. 20019

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

The second social minutes and the second sec

ROLLINS RUSTRAL HOME, MIC.
ARIZE HOME, MIC.
ARIZE HOME PLACE D.C.
ARIZE HOME PLACE D.C.
WASHINGTON, D.C. 20019

wha Davidson Mandale

Richard A. Coleman -Upper Marlboro, Md. 20772

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

INPORTANT: If Nem 21 is marked or Nem 18 shows any injury, arother traumatic event, the medical examine

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-27	18	7	- Printer	ž
3	di i	V	4	-
REG	NO.			

1	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).			
1		CEASED NAME FIRST	MIDDLE	ı	AST .		MONTH DAY	YEAR	2b. HOUR	•
-	(TYPE	Emma Fmma	Flizabeth	Han	Hen		12/5/	84	1035 PM	
	3. SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS	
		1-	11	MONTH	DAY YEAR	67	YRS.	HS. DAYS	HOURS MIN.	
1	7a BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O		DEATH		
		NARY (AVI)	USA	MARRIE	DINEVER MARRIED DINORCED	Prince	George	~	MD.	
-	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			12a USUAL OCCUPATI	ON 12	b. KIND OF	BUSINESS OR	
4		1 aural	Greater Laurel	13 11	Ma Handil	BOOK - 10 -	. //	NDUSTRY	Area	
1	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE			KESPGR Reti		-010	DOO	×
)	13a S	MO PO	- 13c City or tow	1/2/	YES NO		ZIP CODE	n Pl	196	
	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MEDDLE		1451		
di		JOHN OT	HO SHARSW	1000	SARAH	1	Sco	111		d
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS		2-126	
-		No	226-67-	4459	SHELIA	JOHNSO,	VA	-BOV	3	
			nly ane cause per line for (a), (b), on	dice				APPROXIM BETWEEN OF	MATE INTERVAL	
		PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (0) Cardiac	Arr	Lythmia			416		
			DUE TO, OR AS A CONSEQUE	ENCE OF						
		Canditions, if any, which	(1) Hement	Leme	si's					
	100	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		HI WITH T				
		underlying cause last	(c)					1000		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART Ita		
	ON ON	Sick Sinus	Syndrame, Pn	cum	onia, Seiz	wie ason	rder			
5	CAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE	RE FINDING	GS USED	
	CERTIFICATION					YES NO	YES [, choses c	NO [
7.	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D.	AV YEAD	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART TO	OR PART 2)		
1	CAL	OR CONTRIBUTING CAUSE OF DEA	3(1)	19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	Lana ETC 1	21f LOCATION STREET	CITY OR TO	WN (COUNTY	STATE	•
Ħ	2	MHILE NOT WHILE AT WORK	(AT HOME SIRCE) PACIONI, OFFICE	ARM EIC)						
Я	131	220 1 certify that O(this haspi	ital) attended the deceased fram_	10,			19_		hat (1) (we) lost	•
P		saw the deceased alive on	12 19 19 19 19 19 19 19 19 19 19 19 19 19	S. dr	nd that in <u>(my</u>) (aur) apinian c	death accurred on the de	ate and have and	I fram the co	auses stated	
		22b. SIGNA PRE	, ,	10	DEGREE			22c. DATE S	IGNED	
,	30	110-7	argolis /	71	ATTENDING PHYSICIAN	MEDICAL STAL		12/5	184	
		22d. PHY S NAME	a reng		22e ADDRESS	0.1	20	05	7.7	
		JOHN M	ARGOLIS	1711	14333 640	rel bluk	PIND	207	105	
		SURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		1	STATE	-
		BURIAC	DEC. 8, 980	UX	HILL CEM	LAURE	-c N	1/	STATE	
1	24 FL	UNERAL DIRECTOR	ADDRESS -	/	116.44	PECID BY REGISTRAR	256 REGISTRAP	¢ ^ 1(1	BE	
	1/1	NAME I I	ADDRESS ADDRESS	10	neer Util 1	-4004			and a	

The state of the s M. D. S. PRESENTATION OF THE SECOND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

84 9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY **EDWARDS** 2401 WESTVIEW DRIVE SILVER SPRING.MD. 20910 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20h. IF YES, WERE FINDINGS USED

22c DATE SIGNED

STATE

2b HOUR

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

THE STATE OF SAME AND SAME AND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTIcharles 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED July 9 1931 53 YRS DEAD 7n BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA N.C. WIDOWED DIVORCED 10. GITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 KIND OF BUSINESS WITH FORM PM 3. RETAIN PAGE T. PAGES I AND 2 SHOULD BE FILED DIVISION OF VITAL RECORDS, 201 V OR INDUSTRY CONST. CARPATER CONST. 13e. STREET ADDRESS 30. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY EIMITS? 9206 Cheltenham PG MD BRANDYWINE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDIE MIDDLE FIRST Blanche Lumas Harrell Moore 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 1 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) YES 240-44-0968 Nancy Harrell Korean same as 13 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per lift for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Unortustre Condistrascular dese IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION USED OF HE DEPARTMENT OF HE 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC) CITY OF TOWN COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STIP BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted from: Notural causes Homicide L Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Rodriguez, 5009 Rayburn Ct., Temple Hills, Md. Augusto 236. BURIAL, CREMATION, REMOVAL 236. DATE SMD Burial MD Vets Cheltenham Cheltenham 12/28/84 BP 24 FUNERAL DIRECTOR RObert E Wilhelm Funeral Home 1250. DATE REC'D. BY REGISTRAR 1256. REGISTR **DHMH - 17** (VR A15 ME (5)) Suitland 20M 4/82

Made Man Care State Control Constitute and Prince Charles on Land to the Constitution Landari C. Magnato R. Markener, F. H. Die some R., inque Elle, in. The second of the second

FOR - STATE REGISTRAR DECEASED NAME

		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	REG. N	40.	3	6
FIRST		WIDDLE	LAST	2a. DATE OF	HTABC	MONTH	DAY	8
EL	SIE	М.	HARRIED			12	12	_
le	4 RACE	Black	5. DATE OF BIRTH MONTH DAY March 20, 1920	6. AGE TINYE	ARS EAST BI	RTHDAY)	MO	UNDE ONTHS
TE OR FOREIGN		S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINC		_		
F DEATH			G HOME OR OTHER INSTITUTION	12a. USUAL O			⊌G LIFE)	12b.

2b. HOUR

(TYPE OR PRINT) 8:37AN IF UNDER 24 HRS 1 SEX RIYEAR HOURS Fema BIRTHPLACE (STA ATH COUNTRY UNTY 10 CITY OR TOWN O KIND OF BUSINESS OR USTRY CHEVERLY At Home PRINCE GEORGES GENERAL MOSPITAL Homemaker AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY G. 36 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Μđ. upont 1918 Campbell 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE LAST MIDDLE nest. Lottie Milburn John Green WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 77-303351 Clarence Harried-Same as None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate course (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO RELAYED TO THE TERMINAL DISEASTOR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED WE DATE OF OPERATION ON FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO Z YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING: CAUSE OF DEATH P.M IN ETHER, NOTIFY MEDICAL EXAMINER; THE INJURY OCCURRED 21e, PLACE OF INJURY 21f LOCATION COUNTY STATE STREET AT HOME STREET, FACTORY OFFICE FARM ETC) NOT WHILE in harpital attended the deceased from and that in (my) (our) apinion death occurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN DRTANT. 22e ADDRESS 831 Univ. Blvd., Sil. Spg., Md. Lewis H. Dennis, M.D. 734 BURIAL EREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE FT. LINCOLN BLADENEBURG P. G. MD.

DHMH - 16 50M 4/B3 (VRA 15, 4)

24 FUNERAL DIRECTOR H.S. MASHINGTON + SONS 4925 BURROUGHS AVE, N.

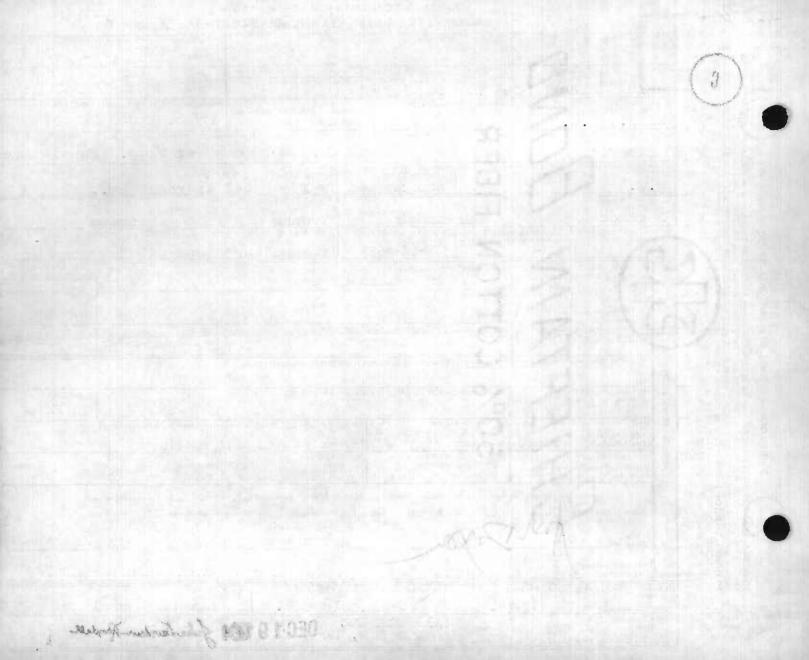
And the second s TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely thind in by the funeral should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages I and 2 should be that with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP______ DHMH - 16 50M 4/8 (VRA 15, 4)

	CEASED NAME	FIRST		MIDDLE	- 1	ASI	20. DATE OF DEATH MO	NTH OAY	YEAR 26 HOL
(TYPE	OR PRINT)	Ruth		Irene	HA	RRINGTON	December 1,	1984	9:2
3 SEX	Х	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	MÓNIHA	DAYS HOURS
F	remale		Whit	e	May	25, 1912 YEAR	72	YRS.	DATS HOURS
	RTHPLACE (STATE	OR FOREIGN 71	. CITIZEN O	F WHAT COUNTRY	V2 8	D NEVER MARRIED	9. BALTIMORE CITY OR C		ATH
1	shington	D.C.	U.S.	A .	WIDOWE		Prince Geor	ge's Co	unty
	ITY OR TOWN OF		1. NAME OF	HOSPITAL, NURS	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		CIND OF BUSIN
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Ab D	- " " "		R'S NAME		MIDDLE	LAST	111	15. MOTHER'S MAID	ENNAME	MIDDLE		LAST	
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	24 HOURS AFTER I ITEM 1B. GIVE PAC LONG WITH FOR PERMIT. PAGES 1 GENE, DIVISION O	18.	CAUSE O	F DEATH (Enter on	ly one couse per line	for (o), (b), ond (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL
S	ENERGY TO THE PROPERTY OF THE	-	PART I DE	ATH WAS CAUSE	D BY: TE CAUSE (o) The	oraco-abdo	minal	trauma				BETWEEN ONSE	AND DEATH
OTO	D WITHIN 24 HO PENCIL IN ITEM I AMINER ALONG - TRANSIT PERM ENTAL HYGIENE OR REMOVAL.	7	812	U		AS A CONSEQUENC	E OF						
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,) BE EXECUTED WITHIN: RNDING: "IN PENCIL IN WEDICAL EXAMINES AI AS A BURIAL: TRANSIT ALTH AND MENTAL HY CREMATION, OR REMO	PART	2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED 10 THE 1	ERMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 (a)				
Ö	H S S A I S												
- C	UK - W	CERTIFICATION 310	DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OF	ERATION W	AS PERFORMED?				20 AUTOPSY	2
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	SE SE		220 I certif	y that I took charg	ge of the remains des	cribed obove, held on	Autop	sy XX. Inspectio	on L, In	quiry L,	and in my op	inion	
	CERTIFICAT CERTIFICAT ULD BE FOR DIRECTOR:	de	oth resulte	d from Natur	rul couses	Accident XX	Suicide	, Homicide	Undetermin	ed monner],		
	WAN WAR	ker	UAL	W	MAZK	×-		TITLE (SPECIFY)					
	4#5 4 # —		NATURE_	/\	VY	Oh	M	Assistan	MEDICAL	EXAMINER	DATE	12/13/	84
	EDIC NOR MOR	FXA	MINER'S	NAME /	/								
	TO MEDICAL EXAMINED THE CERTIFICATION OF THE CERTIFICATION OF TO FUNERAL DIRECTORY WITH PATTEMBER PATTIMORE, MARY	(TYP	E OR PRIN	IT)	Ann M. Di					reet,Ba	Ito.,M	D 51501	
	5x45x4	23a. BURIA (SPECIFY	CREMAT	ION, REMOVAL 2		23c. NAME OF C			23d. LOCAT	WN	COUN	TY ST	ATE
07/84	BP		rial		12-17-84			ln Cem.	Bren	twood	Mary	land	
1799	DHMH - 17	NAM			ADDRESS	4217 9t	h St,	No the DATE	REC'D BY REG	IS RAIL THE	GISTRAR'S S	GNATURE	
	(VR A15 ME (5))	MAR	SHAL	L FUNE	RAL HOME	Washing	ton,	DC-DTO:3 8	1004	-	and the		



FOR - STATE

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DNAME FIR		MIDDLE		2a DATE OF DEATH	MONTH DAY YEAR IN HOUR
Fr			EAST	28 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
	ances V	loods	Harvey	Dee 21,	1984 STA
	4. RACE	5. C	ATE OF BIRTH	& AGE LIN YEARS LAST BE	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ale	White		March 4. 1909		YRS.
ACE (STATE OR FOREK	ON 76 CITIZEN OF	WHAT COUNTRY? 8	ADDED TO MENTED HADDIE	9 BALTIMORE CITY	OR COUNTY OF DEATH
	TIS				orge's County
TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HO	OME OR OTHER INSTITUTIO	N 12a USUAL OCCUPAT	ION 126 KIND OF BUSINESS O
1					tory Off. C&P Teleph
	OME OR OTHER INSTITUTION	N GIVE RESIDENCE BEFORE ADMI	SSION)		
NAME	Feue	Dowle			iam Severn Ru. 2071.
FIRST	MIDDLE	Moode C	FIRST	WIDDLE	LAST
				ADDE	Wooster ESS 1600 Lanham Seven
		212=03=625	8 Mr. Charl	les W. Harvey	
		er line for (o), (b), and (c)		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Cases	vorua,	neast	years
2 OTHER SIGNIFIC				E TERMINAL DISEASE OR CON	IDITION GIVEN IN PART Tro 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
				YES NO	YES NO
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	OF DEATH		19		
NJURY OCCURRED			216 LOCATION	CITY OP 1	OWN COUNTY STATE
NOT WHILE	AT HOME S	TREET, FACTORT, OPPICE, FARM E	3,000	- CHI ON II	3141
certify that (this	hospital) tended t	he deceosed from	105 27 19	84, 10 Dec	21 , 19 94 , thou it be) lo
w the deceased of		10 19 8	4, and that in (my) (our) o	pinion death occurred on the c	
IGNATURE	THE THE SOL	11 00	DEGREE		22c. DATE SIGNED
	·· nrihi	not.	ATTEND	MEDICAL STA	
1901	1111111111	EAST AN		TAIN - DIRECTOR PHIST	
HYSE IA SHAME	way		22e ADDRESS		
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ruce W. G	attis, M.I		14333 Lau		#200 Laurel, Md.
	attis, M.I	23c NAME		TORY 23d LOCATION	-13241-1-12-12-12-12-12-12-12-12-12-12-12-12-
TIT I III S O THE STATE OF THE	TEOF DEATH INTERPRETATION TOWN OF DEATH DENCE (IF NURSING F 13b) AND PROST CEASED EVER IN L (IF USE OF DEATH IE. RT I. DEATH WAS O IMA itions, if ony, wh rise to immedia 2 (O), stoting riying couse to 2 OTHER SIGNIFIC TOTHER SIGNIFIC CEIDENT WAS UNDERLY NIRIBUTING CAUSI THER NOTEY MEDICALES LITE OF OPERATION CEIDENT WAS UNDERLY NIRIBUTING CAUSI LITE OF OPERATION CEIDENT WAS UNDERLY LITE OF OPERATION CEID	TOWN OF DEATH 11. NAME OF JEATH 12. NAME OF JEATH 13. NAME OF JEATH 14. NAME OF JEATH 15. NAME OF JEATH 16. NAME OF JEATH 17. NAME OF JEATH 18. NAME OF JEATH 18. NAME OF JEATH 19. ON JEATH 19. CONTRIBUTION 19. CONTRIBUTI	TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOW OF DEATH 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 13. COUNTY 14. DEATH 15. SOCIAL SECURITY 21. OS. AG. 16. SOCIAL SECURITY 21. ON AS A CONSEQUENCE 16. COUNTY 17. OR AS A CONSEQUENCE 18. CONTRIBUTING TO DEAT 19. CONDITION FOR WHICH OPE 19.	MARRIED NEVER MARNE WIDOWED DIVORCE TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greater Laurel Beltsville Hospitals Greater Laurel Beltsville Hospitals (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greater Laurel Beltsville Hospitals (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greater Laurel Beltsville Hospitals (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greater Laurel Beltsville Hospitals (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) IS MOTHER'S MAID FIRST Bessie 15. MOTHER'S MAID FIRST Bessie 16. SOCIAL SECURITY NO. 17. INFORMANT PIST OF PEATH LENTER Only one couse per line for tol, lib., and ic. If UNKNOWN] 17. INFORMANT 18. LOCATION 18. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PIST OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. PLACE OF INJURY 19. CONDITION STREET 19	MARRIED DIVORCED DIVO

DEC 24

wa Davidson-Randalle

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital or attending physician.

TO HOSPITAL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely thing in the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 similal be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examine.

injury, or other troumotic event, the medical examine

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page Averenined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compilities in by the funeral director, should be detached for use as the businfictions; permit. Then please remove companion Pages I and 2 should be filled within 72 hours allow the State Dept of Realth and Mental Hygiene prior to businfictions as removal.	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.; BALTIMORE, MARYLAND 21201	PHYS	this ca he burned Me	ed or It
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-	TO HOSPITAL OR ATTENDING PHYSICIAN: The loverenced by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the buildistransit permit. Then please remove corban paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, excessions	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other trainmatic event, the medical maintain must be swill led at ages
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STATE OF MARYLAND FOR STATE REGISTRAR

H. 8. WASHINGTON + SONS 4925 BURLOUGHS AVE, N. E.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

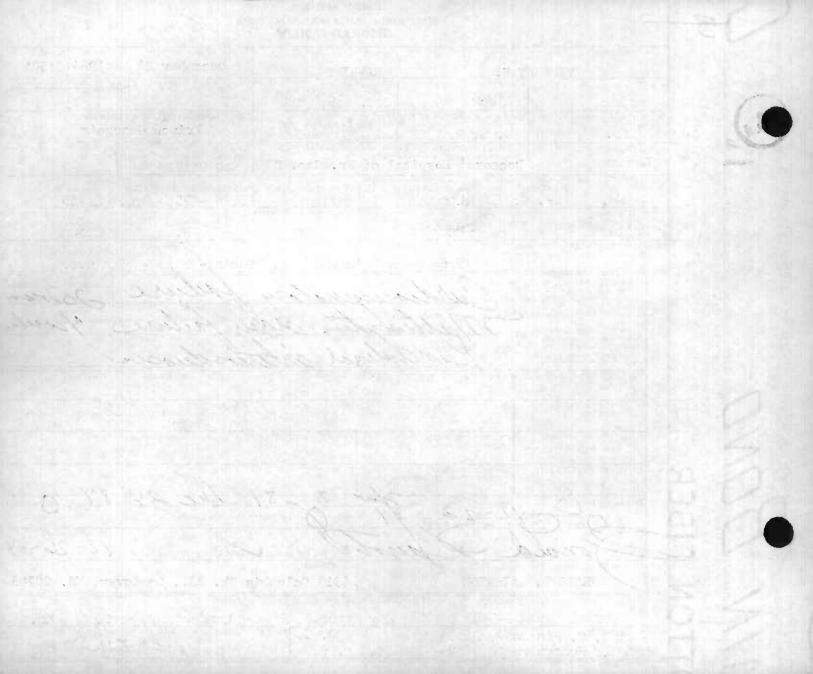
	REGISTRAR						REG. N	0.				
	CEASED NAME	FIRST		AIDDLE	_	LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HC	
		DORI	S T.	HAWKIN	S			12	01	84	10	25A _M
3. SE	Х	1	RACE		S. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS	R I YEAR DAYS	IF UND HOURS	ER 24 HRS
	Female		Bl	ack	May		58	YRS				
	RTHPLACE ISTATE OR FO	REIGN)	b. CITIZEN OF	WHAT COUNT	TRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF DE	ATH		
	D.C.		U.S.	Α.	WIDOW		PRINCE GE	ORGE !	S CC	UNT	1	MD.
10 C	ITY OR TOWN OF DEAT	H 1				OR OTHER INSTITUTION	120. USUAL OCCUPATI			KIND O	F BUSI	NESS OR
Ch	HEVERLY		PGG HOS	PITAL	AND MED	ICAL CEN TER	Un employ	ed	(IFE) INC	Nor	1e	
USU. 13a. S	AL RESIDENCE (IF NURSIN STATE Md.	IG HOME OR O	P.G.	13c CITY OR 1	sefore admission Town Arden	13d INSIDE CITY LIMITS?	13e STREET ADDRESS A		DE O	20	302	/
14. FA	ATHER'S NAME		74.7			IS. MOTHER'S MAIDEN NA	ME				702	
T	Lester	N	T	Sto		Gladys	WIDDIE	ш	nsor	LAS	1	
_	WAS DECEASED EVER IT	V U.S. ARA	AED FORCES?		SECURITY NO.	17 INFORMANT	ADDRE		nsu			
- (YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	Unkno	own	Catherine	Clayton-Sa	ame	as ;	# 11	3 8	bove
=	18 CAUSE OF DEATH	(Enter only	y nne couse ner			•		-		APPROXI	MATE IN	TERVAL
	PART I. DEATH WA	S CAUSED		Rest	010010	ry Foiluro					clau	
	Conditions, if any, gave rise to imme cause (a), stating underlying cause	ediate the	(b)	RAS A CONSE	Pleara	rana of	id Branchia)	(06)	revolt u	2	mi	Afro
CERTIFICATION	PART 2. OTHER SIGN				TO DEATH BU	T NOT RELATED TO THE TERM	206 AUTOPSY?	20b. IF Y	ES, WERE	EFINDIN	NGS US	
T							YES NO P		YES [. AUSES	NO	
-	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INIU	RY IN ITEM II	8 PARTIOR	PART 2)		
MEDICAL	WHILE AT WORK AT WORK	E 🗆	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OF	FICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	wn .	(0	YIMU		STATE
	220 I certify that (I) (saw the deceased abave, (I) (we) (ch	d alive on	11/3	0	79	and that in (my (wor)) aprinian	death accurred an the d	ate and h	aur and f			(we) lost stated
	22h SIGNATURE	4	ah		r		MEDICAL STA		22	C. DATE	1. 1	31
	77d. PHYSICIAN'S NA	1	1			22e ADDRESS						
	D. YABLO	TIWON	Z, M.D.			10300 GREEN	WBELT RD. SE	ABRO	OK,	MD.		
230(BURIAD CREMATION, R	EMOVAL	23b. DATE 12/5/6			CEMETERY OR CREMATORY	23d LOCATION BACTIMO	RE,	COUN	1/3	,	STATE
24 F	UNERAL DIRECTOR					25a. DAT	TE REC'D. BY REGISTRAR	25b. REGI	STRAR'S	SIGNAT	URE	

DHMH - 16 50M 4/83 (VRA 15, 4)

Teng to the purification of the Co.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) 1984 8:50A December 24 VINCENT E. HAWKINS AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS HOURS Black 1904 Male Oct. M. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Md. U. S. A. DIVORCED | WIDOWED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR Doctors Hospital of Pr. Geo. CO LTYPE OF WORK FOR MOST OF WORKING LIFE! Lanham Cab Driver DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 3219 - 75th Ave 20785 Md. G. Landover 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE ALIDDLE Walter Hawkins Ida Μ. Brown ADDRESS 166. SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Drucilla V. Hawkins 578-07-1098 '3219 - 75th Ave. 18 CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NOW YES [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214 IN JURY OCCURRED 21e PLACE OF INJURY 711 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a 1 certify that (1) (this haspital) attended the deceased from our parision death occurred on the date and hour and from the causes stated 22c DATE SIGNED AFTENDING PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS RONALD P. HAIRSTON 6910 Columbia Pk. Rd., Landover, Md. 20785 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE (SPECIFY) STATE Burial 1-3-85 Harmony Memorial Park Landover. 24 FUNERAL DIRECTOR. Pinckney, Dir. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Spangler Funeral Home (VRA 15, 4) 524- 8th St., N. E.

STATE OF MARYLAND



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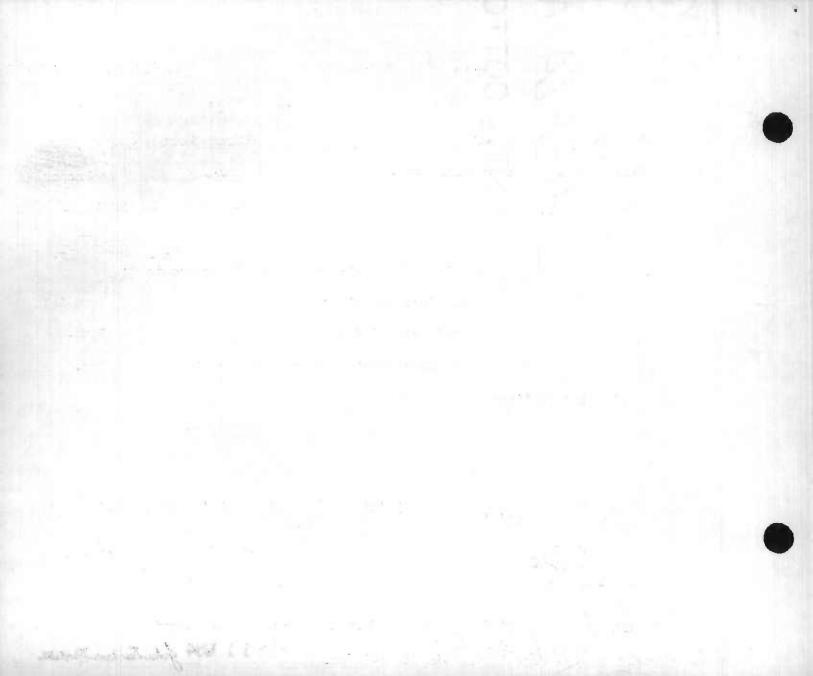
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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RE FINDINGS USED G CAUSES OF DEATH?
ORPART 2)
COUNTY STATE
84 that (1) (we) loss of from the causes stated
MATTY
Md 20782
UNIY STATE Va. SSIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral direction of the following should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages, Land 2 should be filled within 72 hours with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. P IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event, the medical exam retained by the haspital or attending physician. DHMH - 16 50M 4/83

(VRA 15, 4)



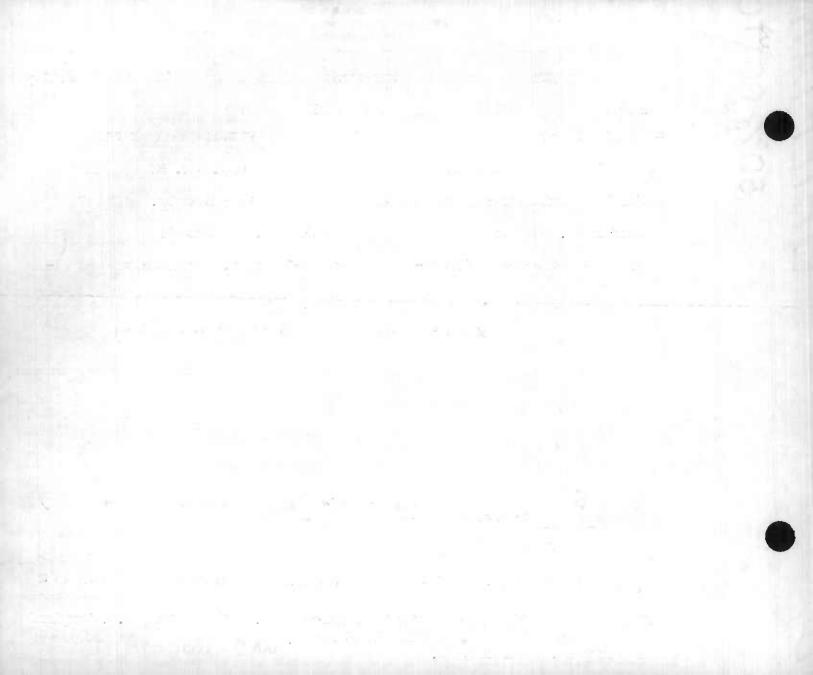
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 4 3 6 9

1	1 -	REGISTRAR				CERTIF	ICATE OF DEAT	HO .		REG. NO).			
1		CEASED NAME	FIRST	M	IDDLE	L	AST		20 DATE O			DAY YEAR	26 HO	JR
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1	3. SEX			RACE		5. DATE O	F BIRTH	E AR	AGE IN	YEARS LAST BIRT		MONTHS DAYS		R 24 HRS
		FFMALE		WHITE			19.1917	EAR .	67		YRS.	JAI J	HOOKS	21115
7	7a. BII	RTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF V	VHAT COUN	TRY? 8	NEVER MARRI	ED O	BALTIMO	ORE CITY OF	COUNTY	OFDEATH		
/	Đ	ist of Col	umbia	USA		WIDOWE			PRIN	CE GEO	RGE C	COUNTY		MD.
Ó	10 CI	TY OR TOWN OF DE A	ATH 11			JRSING HOME O	ROTHER INSTITUTE			OCCUPATION FOR MOST OF		126 KIND (ESS OR
5	And	rews AFB		Malcol	n Grow	Hospita	1			t Mgr.		Ret	"d	
-	13a S		136 COUNTY	_	13c. CITY OR	TOWN.	134 INSIDE CITY LIV	MITS?	STREET	ADDRESS / Bonny	ZIP CODE	2074	7	
1		ryland THER'S NAME	PLINC	eGeorg	e rore	stville	YES NO	DEN NAM		BOILITY	DI.	2074		
)	III FA	FIRS <u>T</u>	H. Sn	yder	EAS1		Hazel	S		Frize	11	LA	51	
	16a V	VAS DECEASED EVER			16b SOCIAL	SECURITY NO.	17 INFORMANT			ADDRE	55			
	- ()	NO OR UNKNOWN	+M+	AR OR DATES)	579-1	6-2805	Husband-	Rober	ct P.	Hermi	ston,	same a	s #1	3
		18 CAUSE OF DEAT	H (Enter only o	one cause per	line for (a), (b	ol, and ici						APPRO:	XIMATE INTI	RVAL D DEATH
		PART I. DE ATH W	'AS CAUSED E	SY:		1	nonary	arr	est		_			
					AS A CONS	EQUENCE OF	,							
		Conditions, if any,		(b) X	met	astatic	smallc	211 C	arch	10009	of h	ing		
		gove rise to improve couse (a), stating		DUE TO OF	AS A CONS	EQUENCE OF								
		underlying couse	lost	(c)_										
		PART 2 OTHER SIGN	VIFICANT COI	NDITIONS CO	NTRIBUTING	O DEATH BUT	NOT RELATED TO T	HE TERMIN	VAL DISEA	SE OR CONE	OITION GIV	VEN IN PART 1	0	
	CERTIFICATION													
)	CAI	190 DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED		20a AUT	OPSY?	106. IF YES	S, WERE FINDS FYING CAUSE	NGS USE 5 OF DE A	D TH?
	RTIE								YES 🗌	NOK	YE	ES 🗌	NO	
		OR CONTRIBUTING		11b. TIME OF		DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTERN	ATURE OF INJUR	Y IN ITEM 18 F	PART I OR PART 2)		
	S	(IF EITHER NOTIFY MEDI	CALEXAMINER)	P./		19								
	MEDICAL	214 INJURY OCCUR		21e PLACE C		FFICE, FARM ETC)	211 LOCATION STREET			CITY OR TOV	WP1	COUNTY		STATE
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		224 I certify that (#)	(this hospital	ottended the	deceased f				, toX	25 De		14-E4	thot (I)	
		sow the decease above, (1) (we) (a	ed olive on did) (di d no t) v	new the bady	olter deoth.		nd that in (my) (dur)	opinion de	eath occurr	ed on the do	te and hou			
		776. SIGNATURE	DAVID	GOODWI	Nain		DEGREE ATTEN	DING	MEDICAL	STAF	F	22c. DATI	SIGNED	-
		XTIC	10000	0	Cip		PHYSI	ICIAN	DIRECTO	PHYSIC				
	2	X David	AME (TYPE OR PI	dwin	CAPT	jushf, me	Y Malcol	m Gr	au !	ISAFN	IC, A	ordrew	SAF	B
		BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREM		23d LOC	ATION		COUNTY		STATE
		BURIAL		12/27/			nd Veterar		., C	helten	ham,	P.G., M	aryl	and
	24 FU	UNERAL DIRECTOR	LEE FU	NERAL	HOME,	6633 Old	Alex-	25a. DATE	REC'D. BY	REGISTRAR	255 REGIST	WARS AIGNA	phinds	88
	an	der Ferry	Rd.,	Clinto	n, Md.	nc33		JA	CH	1900	1		•	

DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral directe should be detached for use as the burial-transit permit. Then please remaive corbanappers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

STATE OF MARYLAND

THEOL	ASED NAME	FIRST		MIDDLE	,	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	K PRINT)	Bennevi	llle	A	H	ligh		12	16 84	1:50
3. SEX		4	RACE	1717	5. DATE C		6. AGE (IN YEARS LAST BIR	RIHDAY)	IF UNDER TYE	
	Male		Whit	e	Dec	. 26,1905 FAR	78	YRS.	MONTHS DA	YS HOURS /
	HPLACE (STATE	OR FOREIGN 76		WHAT COUNTRY?	8		9. BALTIMORE CITY C		TY OF DEATH	
	Penna.		USA		WIDOWE	D NEVER MARRIED DIVORCED	Prince G			
	OR TOWN OF	DEATH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT			OF BUSINESS
R1	verdale	71/-10		d Memoria		n1+n1	(TYPE OF WORK FOR MOST O			
		URSING HOME OR O		GIVE RESIDENCE BEFORE	ADMISSION)	pricar	1			
13a ST/		136 COUNT		13c CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CO	DE	1000
	ryland HER'S NAME	P. G.		Riverd	ате	YES NO	7-P Rese	LAOI	r Roa	a 00/1
14 PAIR	FIRST		DDLE	LAST		15. MOTHER'S MAIDEN NA FIRST	MIDDLE			LAST
		known		THE REAL PROPERTY.			Unknown			
	S DECEASED EV			166 SOCIAL SECU	JRITY NO.	17. INFORMANT			sher	
	Yes					Barbara D.	Swain Mec	hani	csvil	le,Md
Til.	CAUSE OF DE	ATH (Enter only	one couse per	line for (a), (b), an	dicul				BETWE	OXIMATE INTERVAL EN ONSET AND DE
	PART I. DEATH	WAS CAUSED IMMEDIATE		Can	rcinor	natosis				weeks
_ P	ART 2 OTHER SI	GNIFICANT CO	n-dene	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART	1(a
6		Insuli		ngent gia	ahetes	mellitus				
ATION	a DATE OF OPE					mellitus	200 AUTOPSY?	20b. IF Y	ES. WERE FIN	DINGS USED
IFICATION 5.	a DATE OF OPE						200 AUTOPSY?	IN CERT		DINGS USED SES OF DEATH?
ERTIFICATION 51	a DATE OF OPE	RATION		ITION FOR WHICH		N WAS PERFORMED	YES NOK	IN CERT	TIFYING CAUS YES []	DINGS USED SES OF DEATH?
CERTIFIC	DR CONTRIBUTING	RATION UNDERLYING CAUSE OF DEATH	216 TIME O HOUR A.	FINJURY M. MONTH DA	OPERATION		YES NOK	IN CERT	TIFYING CAUS YES []	DINGS USED SES OF DEATH?
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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ŀ	1. DEC	CEASED NAME	FIRST	WIDDLE		LAST		2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	TYPE	OR PRINT)	PHYLLI	S GA	RUFI	HILL	18	12 - 31	- 84		4 31p _M
ı	3 SEX	(4. RACE		E OF BIRTH		6. AGE IN YEARS LAST 8	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	n	FEMALE		Caucasia	n May	ÿ [™] 2, °19	16 ^{YEAR}	68	YRS	MONTHS DAYS	HOURS MIN.
4	We	RTHPLACE (STATE OF STATE OF ST	inia	76. CITIZEN OF WHAT OUT OF WHAT OF USA	MARE WIDO	E OR OTHER INS	VORCED D	PRINCE G 12a USUAL OCCUPA LIYPE OF WORK FOR MOST	EORGE	COUNT	Y MD.
2		LINTON			MARYLAND		L	Hairdres			-Employ
7	13a. S Ma 14. FA	AL RESIDENCE IN NU LTATE LTYLAND LTHER'S NAME FIRST ONCY	P.	G. Bra	idence Before admission of the rown indywine arufi	13d. INSIDE C	NO X	13. STREET ADDRESS 10505 Ce	/zipco darv	DE 20613	3
	No.	VAS DECEASED EVE yes, no or unknown)	ER IN U.S. AR		7-12-48		1040	ter) ADDI		as line	2 13
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	MEDICAL CER	21a. ACCIDENT WAS LOR CONTRIBUTING [[IF EITHER, NOTIFY MI] 21d INJURY OCCU	CAUSE OF DEA	HOUR A.M. M	ONTH DAY YEA	211 LOCATIO	ОИ	ED (ENTER NATURE OF INJ			
١	ME	WHILE NOT	WHITE		ORY, OFFICE, FARM, ETC		T	CITY OR I	OWN	COUNTY	STATE
		sow the dece above, (I) (we	ased alive an	tal) attended the deced 12 - 3 t) view the body after de	1- 19 84			, to <u>DFC 31</u> leath accurred on the	date and h	our and from the	
		226. SIGNATURE	36	11000-	M.	DEGREE /	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN []	122c. DATE	31-84
		BASIR	MAME (TYPE O	nad F. K	OL) A M-1	22- ADDDEC		- Biscat		1 Road	· .
1		BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23¢ NAME O	F CEMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
	Ci	remation		1-3-85	Huntt	Cremat	cory	Waldorf	, Ch	arles.	
	24 FL	JNERAL DIRECTOR						REC'D. BY REGISTRA			

Funeral Home, Waldorf, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR 2a DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) Hinton, Jr. John 4. RACE 5. DATE OF BIRTH 3. SEX 2 DAY 1943" Caucasian Male Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED Florida U.S.A. Prince George's WIDOWED [] 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR Southern Maryland Hospital Center EXXON Motor Tank Sales Clinton BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURS IN INDICE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION 20735 Clinton 1 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 11171 Piscataway Rd. rince George Maryland YES DO NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Corley Eileen W. Hinton, Sr. John 11171 Piscataway Rd. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 6a. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) 577-56-4310 Mary A. Hinton Clinton, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: m Yocardiol IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON NO [716. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 71e. PLACE OF INJURY 21f LOCATION CITY OR LOWIN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (the hasoutal) attended the deceased from. saw the deceased alive on, and that in (my) (som) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 220 DATE SIGNED PHYSICIAN TO DIRECTOR PHYSICIAN ld b William K. Furst, M.D. 11701 Livingston Rd., Ft. Wash., Maryland 73s. BURIAL CREMATION, REMOVAL 73b. DATE 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION Burial Resurrection Cemetery Clinton P.G. Maryland ADDR 6160 OXON HILL RES DATE REC'DIBYTE GISTRAM 136 REGISTRARIS, SIGNATURE TO 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 George P. Kalas Funeral Home Oxon Hill. Md. (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN ALL MONTH 2b. HOUR ESTI-Fither SHERANKO HODOR DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY make BIRTHPLACE (STATE OR MARRIED THEVER MARRIED FOREIGN COUNTRY) PENNSYLVANIA U.S.A. PRINCE GEORGES WIDOWED [DIVORCED CITY OR TOWN OF DEATH UNAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS LANHAM SELF EMPLOYED BOOKKEEPER ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3017 CHAPEL VIEW DRIVE 20705 PRINCE GEORGES 13d. INSIDE CITY LIMITS? 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EMERY MIDDLE SHERANKO ELIZABETH BALOG 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES NO OR UNKNOWN) 163-24-5578 WILLIAM D. HODOR SAME AS 13 HUSBAND 18. CAUSE OF DEATH (Enter only one couse per line for (9), (b), and (c).) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH extensino Centro Vascular dinane PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, ON AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 1 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME AT WORK AT WORLE STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remain described above, held on Autopsy Inspection and in my apinion death resulted fram: Natural causes Accident Homicide ___ Undetermined monner Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodrigue, 20 5009 Rayburn Ct., Temple Hills, Md. 13a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATEMD. THOM BURIAL 12/26/84 GATE OF HEAVEN SILVER SPRING 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR FRANCIS JORE COLLINS **DHMH - 17** Grilia Davidson 1/2 (VR A15 ME (5)) 500 UNIV. BLVD. W. SILVER SPRING MD. 20901 20M 4/82

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APPROXIMATE INTERVAL 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) COUNTY _, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 7503 Surratts Road, Clinton, Md. 20735 Burial 12/22/84 Resurrection Cemetery Clinton Maryland ADDR 6160 OXON Hill RES DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) George P. Kalas Funeral Home Oxon Hill, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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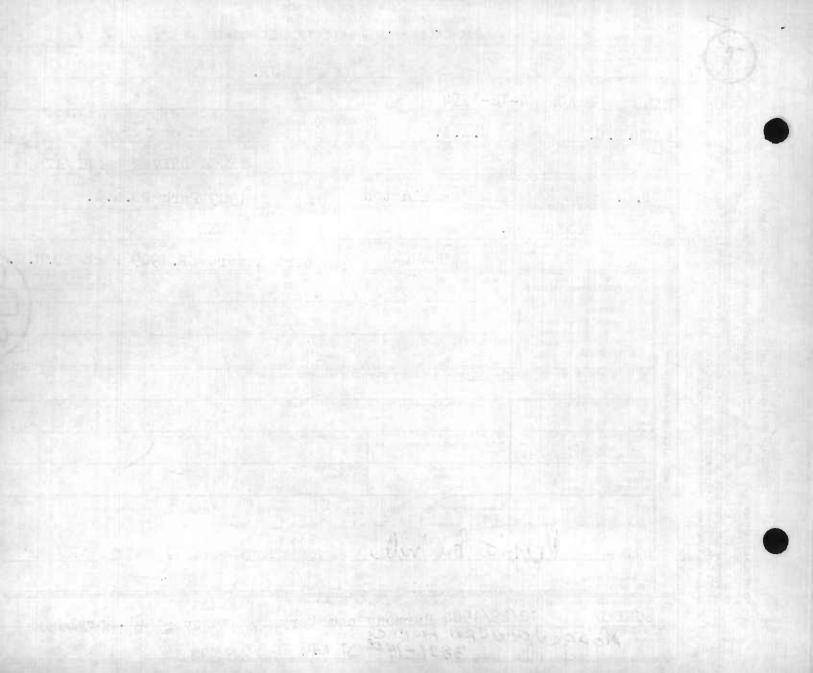
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(VRA 15, 4)

STATE OF MARYLAND

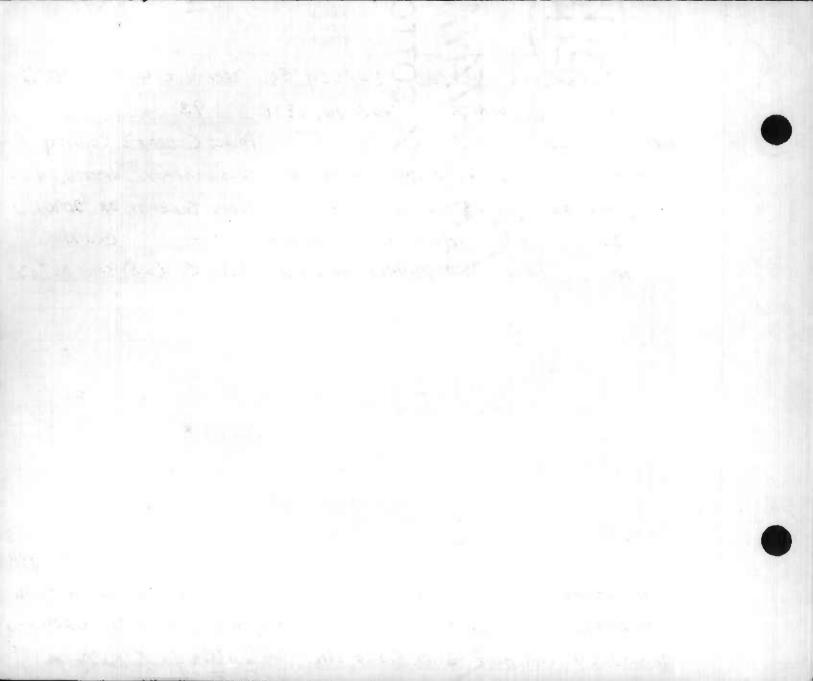
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH		REG, NO.				
	DECEASED NAME 1951		WIDDIE	L	AST	20 DATE	OF DEATH MON	TH DAY YEAR	26 HOUR		
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10	& BIRTHPLACE (STATE GRADILION COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 AA A D D I E	D NEVER MARRIED		_	OUNTY OF DEATH	1000		
1	orth Carolina	U.S.	A.	WIDOWE		Prin	ce Georg	ges County	MD.		
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2	4 4 4 4	ard	Columbia	a	YES X NO	5854	Steve	ns Fores	t Road		
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	PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IN EITHER, NOTHER MEDICAL EXAMIN THE DATE OF DEPARTMENT OF MEDICAL EXAMIN THE DATE OF DEPARTMENT OF THE DATE OF THE	196 COND 196 COND 196 COND 216 TIME C HOUR A P 21e PLACE (AT HOME ST	OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE FA	OPERATION Y YEAR 19 ARM ETC.)	211 LOCATION SIREET 210 HOW INJURY OCC	200 AU YES CURRED (ENIER ian death occur	NO IN NATURE OF INJURY IN CITY OR TOWN	LIE YES, WERE FIND I CERTIFYING CAUSE YES VES COUNTY COUNTY 19 and hour and from the	INGS USED S OF DEATH? NO STATE		
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	PART 2 OTHER SIGNIFICANT 10 DATE OF OFERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D IF EITHER, NOTHER MEDICAL EXAMIN 11 NOW COLURRED AT WORK 220.1 certify that all (his hos) saw the deceased alive or obave (i) (we) (did) (dur	21b. TIME C HOUR A P 21e. PLACE (AT HOME. ST of) view the body	OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE FA	OPERATION Y YEAR 19 ARM ETC.)	216 HOW INJURY OCC	200 AU YES CURRED (ENTER 10 ian death occur G MEDICA	NATURE OF INJURY IN CITY OR TOWN 12 / 5 Tred an the date of the	LIF YES, WERE FIND I CERTIFYING CAUSE YES [] ITEM 18 PART I ORPART 2) COUNTY 19 22c. DAT	INGS USED S OF DEATH? NO STATE , that I (we) last e couses stated E SIGNED		
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- Charles min	PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IN EITHER NOTIFY MEDICAL EXAMIN THE DATE OF OPERATION ACCIDENT WAS UNDERLYING OR CONTRIBUTION ALL WORK AT WORK 220. I certify that at (this hos) saw the deceased alive or abave at (we) (did) (during The SIGNATURE 22d PHYSICIAN'S NAME (TYPE	21b. TIME C HOUR A HOUR A P 21e. PLACE (AT HOME. S1 OI) view the body	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA roller dooth. 23(N	OPERATIO Y YEAR 19 ARM ETC.)	211 LOCATION STREET 211 LOCATION STREET ATTENDINI PHYSICIAN 221 ADDRESS 1920 ATTENDINI PHYSICIAN 221 ADDRESS 1420 EMETERY OR CREMATO	200 AU YES CURRED (ENIER A 10 ian death occur G MEDICA N DIRECTO	NATURE OF INJURY IN CITY OR TOWN CITY OR TOWN CITY OR TOWN TOW	COUNTY COUNTY	STATE , that M (we) last e couses stated		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

No of	3	- 1	(3)	
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REG.	NO.			

		REGISTRAR				CEKTIF	ICATE OF DEATH	REG. N	0.			
		EASED NAME	FIRST	^	AIDDLE	L.	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
	11777	CR FRINCI	Georg	e	W	Ins	scoe	December 2	5, 198	4	10:40am	
	1. SEX			4. RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
1		Male		White			10, 1920	64	YRS.	DATS	MIN.	
H		RTHPLACE (STATE OR	FOREIGN	16 CITIZEN OF	WHAT COUNTRY	2 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH		
1		ashington,	D.C.	U.S.	1.	WIDOWE		Prince Geo	rge's		MD.	
10	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSI		PROTHER INSTITUTION	12a USUAL OCCUPAT		12b KIND C	Bureau o	
2		ınham		Doctors	'Hosp of	Princ	ce Geo.'s Co.	Ret. Guard		Engra		
W		AL RESIDENCE (IF NUR	136 COU		GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE			
IJ	Ma	aryland	P.0		Cottage		YES NO	4006 Blade			20722	
19	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LA	ST	
U	Ja	ames		Н•	Inscoe		Bertha	M.	Compa	Thom	pson	
7		AS DECEASED EVER		RMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRESS Address Same as			ame as	
		es-Army		W.II	578-12	-8457	Mrs. Nan Ins					
		18 CAUSE OF DEAT	18 CAUSE OF DEATH (Enter only one cause per ling for pa), (b) and (c))									
		PART I. DEATH W		TE CAUSE (a)	Siluteral	DIENM	ivnus (unuck)	I've news t	a WR	7 -	3 aus	
3.4		0.00		DUE TO, OI	AS A CONSEQU	JENCE OF		1.11	Nh	16	,0"	
31		Canditions, if any		1 16) Hollation alseuse Victeminitally, W/2 5-1Chr.							YCV.	
		gave rise to im- cause (a), statu	ng the	DUE TO, O	R AS A CONSEDU	A CONSEQUENCE OF						
underlying cause last (c) Junnil 11 by how how								Mexini	IN X / D()	146		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									a		
	TION	Lar Cinun	~U 1	J-Orlen	mo lo	m	uld mybics	U (o) IN Fo.	V			
1	198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY 206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NO YES NO YES NO YES NO NEW YES NEW YES NO NEW YES NO NEW YES NO NEW YES NEW YES NEW YES NEW YES NO NEW YES NEW											
	RTIF	1/4/64	PMR.	112/110-4011		IMIL	reces un that	YES NO	YES	40	NO 🗌	
1		21d. ACCIDENT WAS UN	_	ATH HOUR A.	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)		
/	ICAL	(IF EITHER NOTIFY MEDI	CALEXAMINE	R) P./		19						
	MEDICAL	214 INJURY OCCUR		21e. PLACE (OF INJURY EET, FACTORY, OFFICE,	FARM, ETC 1	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
					,		101	9 17/	3,	12		
97		22a.l certify that (1)	(this hosp	Hall ottended the	e deceased from.	44	19 17 5	to to	55 1	19 7	that (1) (we) last	
220.1 certify that (1) (this happital) attended the discosed from 19 and that in (my) (aux) opinion deat above; (1) (mus) (glid) (dud not) yiew the body after death.									ate and hour	and from the	couses stated	
		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF							FF	221 BATT	19/6/4	
1		22d BHYSICIAN'S N	W/10	1	MAIN	PHYSICIAN ODIRECTOR PHYSICIAN						
1		Freder	M	H. Will	nelm		120 888 An	nuplly his	1, H.	1 Hull	10 Market	
		URIAL, CREMATION,	REMOVAL	23b DATE	23 с.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1	COUNTY	1	
		Crema	tion	Dec.2	7,1984 F	t. Lin	coln Cremator	y Brentwoo	od J	P.G. 1	Maryland	
	24 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS											
	F. Gasch's Sons F.H. P.A. Hyattsville, Maryland JAN A 1995 This Jevidson Rondoll											

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			CATE OF DEATH	YGIENE REG. NO	4 5 8 4	
	(TYPE OR PRINT)	TIE HELE			20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	3. SEX	TIE HELE	N JOI	INSON	6 AGE TINYEARS LAST BIR	11/27/84	9:32 Mon
)	Female	Afro Amer	MONTH	27 1911	73	YRS. 10 4	
36	70 BIRTHPLACE (STATE OR FORE COUNTRY) Maryland		T COUNTRY? 8 MARRIED WIDOWEI	NEVER MARRIED DIVORCED	_	R COUNTY OF DEATH	NINTY MD.
86	CLINTON	11. NAME OF HOSE	PITAL, NURSING HOME O ILITY, GIVE STREET ADDRESS) MARYLAND	ROTHER INSTITUTION	12d USUAL OCCUPATE ITYPE OF WORK FOR MOST O	ON 126 KIND (INDUSTRY	OF BUSINESS OR
ed must be	Maryland	HOME OR OTHER INSTITUTION, GIVE COUNTY 13c.	RESIDENCE SEFORE ADMISSION)	13d. INSIDE CITY LIMITS! YES NO	13e.STREET ADDRESS A		744 ad
#/_/)	14 FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN FIRST	MIDDLE	1.	AST
ex C	James		ohnson	Lucy		Fo	rd
medical	160 WAS DECEASED EVER IN (YES NO OR UNKNOWN) (1)	F YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 16–12–4057	Mamie Mille	1231 Living	ston Road	
event, the	PART I. DEATH WAS	Enter Drily ane cause per line CAUSED BY: MEDIATE CAUSE (a) <u>CA</u>	for (a), (b), and (c),)			BETWEEN	WITES.
or other troumotia	Conditions, if ony, w gave rise to immed couse (a), stating underlying cause	hich (b) WII (b) WII (b) WII (b) WII (c) CHF	A CONSEQUENCE OF	RUCTIVE PU	OGENIC CAR	SEASE. YE	CARS.
ury.		CANT CONDITIONS CONTE					
ini kuo swc	RESPIRAT 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDERC		FOR WHICH OPERATION		RAPARESIS 1 20a AUTOPSY? YES NO X	DUE TO Car 206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	INGS USED
Hem 18 sh	00.000.000.000.000.000.000.000	SEOF DEATH HOUR A.M.	JURY MONTH DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
morked or He	OR CONTRIBUTING CASE (IF EITHER NOTIFY MEDICAL) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IT	NJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO		STATE
21 is	above, (i) (we) (ala)	ns hospital attended the de NOV . 27	ceased from Nov.	4	4—, ta Nov. 2 an death accurred an the de		
T Ten	22b. SIGNATURE	was.	1	EGREE I.D. ATTENDING PHYSICIAN	MEDICAL STAI	NOV	28 1984
MPORTANT: IF		YIM M.D.			0 01d Brand NTON,MARYL		te Iol
<	23a BURIAL, CREMATION, REA	MOVAL 23b. DATE	23c. NAME OF CI	METERY OR CREMATOR	23d LOCATION	COUNTY	STATE
10	Burial	12/1/84	Church	Cemetery	Ft.Washin	gton PG Ma	ryland
	24 FUNERAL DIRECTOR		Sall.	1 . 1 at Pag 1250 [DATE RECIDIARY REGISTA AR	75h REGISTRAR'S SIGNA	TIIDE

DHMH - 16 50M 4/83

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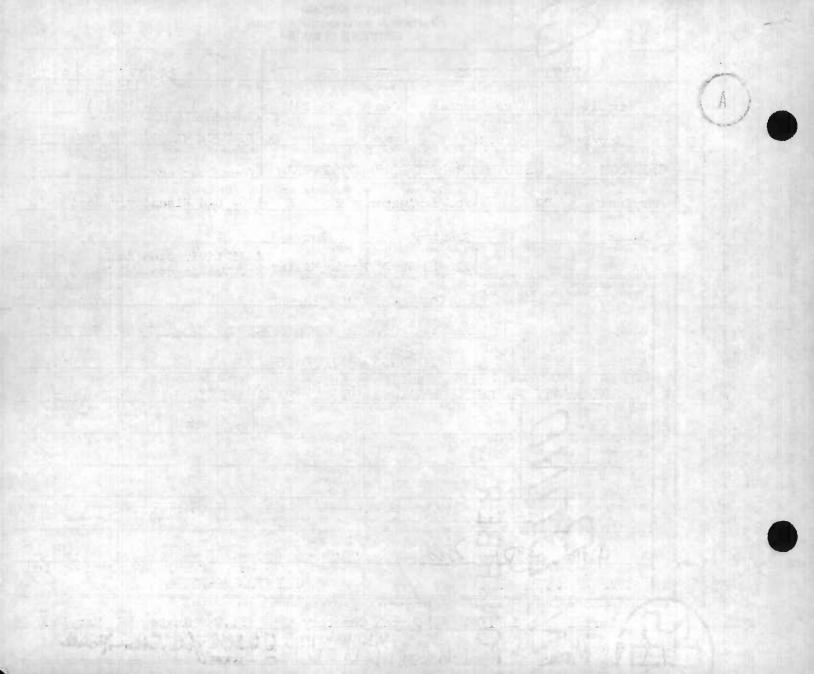
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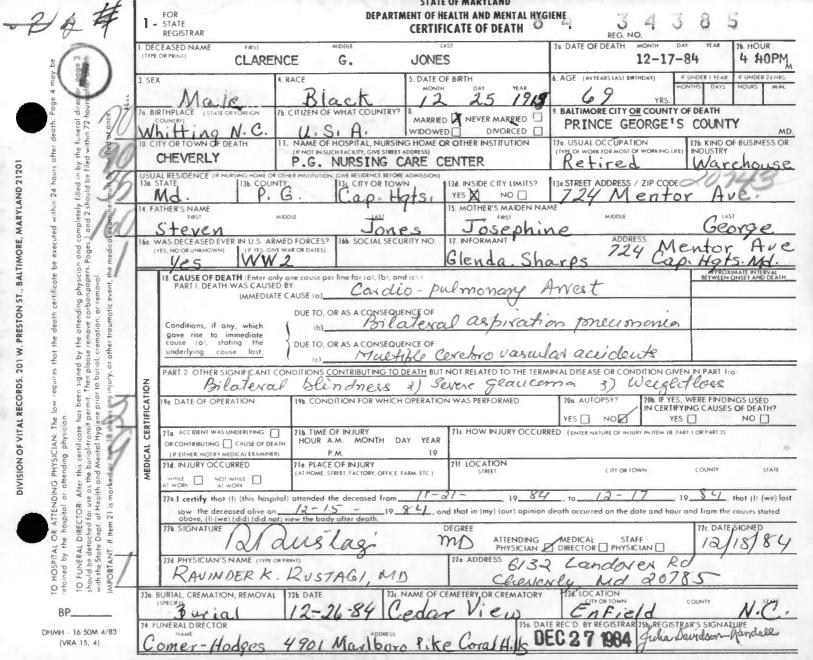
(VRA 15, 4)

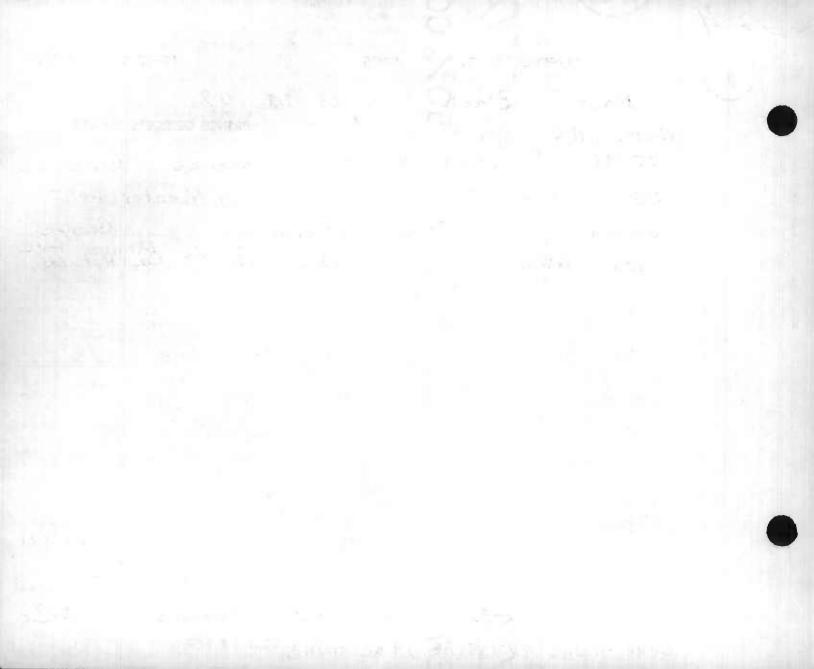
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be fill with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal.

July Devidon-Randalle







7 1-	STATE REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE OF	DEATH & GEG. NO.	3 6
	CEASED NAME FIRST PE OR PRINT)	WIDDLE	LAST	20. DATE KNOWN TA MONTH	
3. SE. F	Panala M	DATE OF BIRTH YEAR LAST BIR		12	22 19 84 2d HOU 22 19 84 12:19
47	IRTHPLACE (STATE OR 7b)	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIEL WIDOWED DIVORCEL	Prince (or	NTY OF DEATH
74	Cheverly	Prince George's General		20. USUAL OCCUPATION (TYPE OF WORK	OR INDUSTRY
55 30	AL RESIDENCE (IF IN NURSING HOME OR OTI	HER INSTITUTION, GIVE RESIDENCE BEFORE ADM	13d INSIDE CITY LIMITS?	3 STREET ADDRESS 1468 Drumleal	Red 20743
3/2007	ATHER'S NAME FIRST A COMPLETE OF THE PROPERTY	FORCES? 166 SOCIAL SECTION	15. MOTHER'S MAIDEN FIRST CATTIE RITY NO. 17 INFORMANT	ADDRESS	mb 3 20743
DIVISION	(ES, NO, OR UNKNOWN) (IF YES, GIVE WAR		604A Ferdinan	d Jones - 1408 [)rumblah Rd
	18. CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY IMMEDIATE C.	Arteriosclero	tic cardiovascular di	sease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	Canditians, if any, which gave rise to immediate couse (a) stating the <u>under</u> -lying couse last.	(b) DUE TO, OR AS A CONSEQUENT (b) DUE TO, OR AS A CONSEQUENT			
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTI Diabetes mel		ERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (a)	
CERTIFICATION	196. DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20 AUTOPSY?
MEDICAL CER	216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		EAR	LENTER NATURE OF INJURY IN ITEM 18 PART I OR	PART 2)
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	. 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that I took charge of death resulted from: Natural co	the remains described above, held a ouses X. Accident ,	n Autopsy , Inspection Suicide , Hamicide , TITLE (SPECIFY)	. Inquiry . and in my. Undetermined manner .	
JOKE, MAKTOND,	ACTUAL SIGNATUR SIGNATURE SIGNATURE	Danque	M.D. Deputy	_MEDICAL EXAMINER SIGN	NED
BALTIMORE, MARYLAN		P. Rodriguez, M.	APPRESS.	yburn Ct., Temple Hill	s, Md.
1	UNERAL DIRECTOR	26/84 Clen	CEMETERY OPCREMATORY	23d LOCATION C'D BY REGISTRAR	SICNATURE
0	SH Bwell Fs.	1206W Morth	DEC DEC	2 6 1984 Julia Du	4dson-Ambell

LANGE COMMENTER STREET STREET, THE TANK THE STREET Employed Given Instruction Inchesion Indicate and received to acrite in Honey Tex 6 18 habitan a of 8 propor 1 7 plan 1 = 1 pries 1 sainter AND AS THE STATE OF THE STATE O FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	die g	REG. NO.	0	0 /		
		CEASED NAME	FIRST	1 -	NODLE		AST	20. DATE OF	1	ONTH DAY		2b. HO	UR 40
H			Zymo	7119	ASSP00		ones		embe		1984	112	AM
1	3. SEX	× 1		RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTH		UNDER I YEAR	HOURS	ER 24 HRS
J	0	male	200	CAUCASI	AN	Octob	er 31 1906		78	YRS			
9/	1 8	RTHPLACE (STATE OR F		b. CITIZEN OF	WHAT COUN	MARRIE	NEVER MARRIED	9. BALTIMOR	E CITY OR	COUNTYO	DEATH		
F	WA	SHINGTON, I	0.0.	u.s.A.		WIDOWE		Princ	e Ge	orge	Co.		MD.
1	10. CI	TY OR TOWN OF DEA	TH 1			URSING HOME C STREET ADDRESS)	R OTHER INSTITUTION	12a. USUAL O	FOR MOST OF V	WORKING LIFE)	126 KIND C)F BUSIN	VESS OR
	1	Laurel		Greate			ursing Home	= CONTRA	CTING	OFFIG	ER	u.s.	D.A.
5	13a S	AL RESIDENCE (IF NURSI	13b COUNT	TY	13r. CITY OR	TOWN	134. INSIDE CITY LIMITS?	13e STREET A	DDRESS				
/		RYLAND	IINCE	GEORGE	S LAN	IHAM	YES NO		MAGNO	OLIA T	EKKACI	E 2	0706
1	14.FA	ROBERT	м	IDDLE	JON	Tr. C	IS. MOTHER'S MAIDEN N		MIDDLE		LA	PLER	7
0	17		INI a I C A DA	ED CODOECO					ADDRES	1206			
	1100 V	VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)		2-4117		UGHTER JOHNSON		4308		-	
	NO						BARBARA J.	JUHNSUN	-	BELTSV			
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED	one couse per BY.	line of 101, (DID ATT	20-1- CAR	IAC D	1111	IRE	BETWEEN	ONSET AN	D DEATH
ī			IMMEDIATE	CAUSE (o)	ICL	114110	THE	111 -	77700	//			
		C- 400 11	11.4	DUE TO, OF	AS A CON	EQUENCE OF	ATTC PAGE	CINO	MA				
		Conditions, if any, gove rise to imm	nediote) (b)_	101	C111210	1/1- 0/10	01100	IV I				
		couse (a), stating underlying couse		DUE TO, OF	AS A CONS	SEOUENCE OF							
		PART 2 OTHER SIGN	NEICANT CO	ONDITIONS CO	NTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDI	TION GIVEN	IN PART 1	0.	
	NO												
7	CERTIFICATION	190 DATE OF OPERAT	ЮИ	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20e AUTO		20b. IF YES, V			
-	E							YES 🗌	NOW	YES [CAUSES	NO	
7	8	210. ACCIDENT WAS UND	-	216. TIME OF		H DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NAT	URE OF INJURY	IN ITEM 18 PART	1 OR PART 2)		
7	CAL	OR CONTRIBUTING C		P./		19							
	MEDICAL	21d. INJURY OCCURR		21e PLACE C		FFICE, FARM, ETC.)	211. LOCATION STREET	-	CITY OR TOW	N	COUNTY		STATE
	*	AT WORK AT WOR	ILE						10	,	-		2 1
Н	13	220.1 certify that (1)				120	14	4, to	12/4	. 19	04		(we) lost
		obave (II) =e) (d	id olive on	view the body	after death.		nd that in (my) (our) opinion	on death accurred	on the dot	e and hour a			Annual Control
		22h SIGNAS BIRE	M	1 11	10		DEGREE ATTENDING	MEDICAL_	STAFF		22c DATE		
1		22d. PHYSICIAN'S NA	Church	Nou	1		PHYSICIAN 1224 ADDRESS	DIRECTOR	PHYSICIA	AN 🔲	1	26-	84
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		SURIAL, CREMATION,	REMOVAL	23b. DATE	6.4		EMETERY OR CREMATOR	CITYO	RIOWN	0	DOT C	T0	STATE
		BURIAL		12/28/	84	FT. LII	VCOLN CEMETE	KY BKE	NTWO 01		PRI G	E0	MD.

BP. DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD. W. SILVER SPRING. MD. 20901

DEC 3 1 1984 Julia Saudoon Appropriate

A W. D. LANDERS OF THE STREET OF THE STREET OF THE STREET Parties A Property and John John With With Miles

236. DATE

Old Alexander Ferry Road, Clinton, Maryland

24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

FOR

REGISTRAR

23a. BURIAL, CREMATION, REMOVAL

Burial

BP

DHMH - 16 50M 4/B2

(VRA 15, 4) 6633

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Contractor Construction 13e. STREET ADDRESS 5911 Wolverton Lane (20735) LAST Erika Augusta Ross Katherine H. Karlsson - Same As #13 A-E 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (lay) our) apinian death accurred an the date and have and from the causes stated 22c. DATE STGNED DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION December 19, 1984 Woodlawn Cemetery Durham, North Carolina BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

REG. NO

69

MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

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Acut Cara brokers - Surkees CAR Share Concessed than the following STATE MALE IN THE STATE OF THE I Busher Terme Docher Come Ho

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 5 REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRING ESTI-Catherine DEATH MATED Keane 4. RACE 6. AGE (IN YEARS) IF UNDER TYR. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Aug. 10, 1918 DEAD Female White 66 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's County Maryland WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 126. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Hyattsville 4802 Avondale Road U.S. Gov't. BE Adm. Asst. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13+ STREET ADDRESS 1136 COUNTY 4802 Avondale Road 20782 Hvattsville NO [] Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PERMIT. PAGES I AND GIENE, DIVISION OF VIT Kelly Martin Keane Catherine 7. INFORMANT ADDRESS Address Same as 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IND. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES Miss Honor Keane No# 13e. 536-30-4091 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION USED / 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURIA 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 21 HOUR A.M. MONTH DAY UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, FTC I CITY OR TOWN COUNTY TO MEL.
EXECUTE THE CEN.
PAGE 4 SHOULD BE FON.
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
ALITIMORE, MARYLAND, 7 22a. I certify that I took charge of the remains described above, held on Autopsy and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined monner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER John S. Rogers. 1919 Seminary Road - Sil. Spg. Md. 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION COUNTY STATE Burial Jan.5,1985 Mount Olivet Cemetery Washington, D.C BP. 24 FUNERAL DIRECTOR **DHMH - 17 Gasch's Sons F.H. P.A. Hyattsville, Maryland AN lia Davidson (VR A1S ME (5)) 20M 4/82

is a tribun kalbarah kalbarah di kalbarah di kabunan berdat. February Callworles Address State on constant and .0 0 - 500f withing old John Brosel . E. M.D. Surfail . Jon 5,1905 Sout Clivit Countery Suchington, U.C. 2. Bach's Sons F.M. T.C. Battaville, Arrelanded & Magazine may be

STATE OF MARYLAND

Juna Davidson Handell

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(TYPE	E OR PRINT)	DAVID) A		KE	ENAN	NOVEMBER	23	1984	10:40
3. SE	х	4	RACE		S. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER TYEAR	IF UNIDER 24 HI
	Male	76.77	White	e	Oct.	30. 1936	48	YRS	MONTHS DAYS	HOURS MI
	IRTHPLACE STATE O	R FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MARRIED	9 BALTIMORE CIT	1.140	Y OF DEATH	
	arvland		U.S.	A .	WIDOWE		Pr	ince Ge	eorge's	
_	ITY OR TOWN OF D	EATH 1	1. NAME OF I	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP			OF BUSINESS
- :	Lanham	D				Pr. Geo. Co.	Stationa			rd Spa
USU/	AL RESIDENCE I# NU	IRSING HOME OF O	THER INSTITUTION.	GIVE RESIDENCE BEFO	RE AUMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRE			
11	aryland	P. 0		Hyattsv		YES NO	7749 Eme			34
14. FA	ATHER'S NAME		IDDLE	tAST		15 MOTHER'S MAIDEN N				61
E	dward	Le		Keenan		Mary	N		Greens	burg
	WAS DECEASED EVE	R IN U.S. ARM	ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	AD	DRESS Add	dress S	ame as
	es-Marine			217-32-	0988	Mrs. Joyce	J. Keenan	No.	# 13e.	
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DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1 -	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	IENE	1 3 9	2		
Ì		CEASED NAME FIRST	MIDDLÉ	L	AST .	28. DATE OF DEATH	MONTH DAY	YEAR	2b. HOU	JR
I	3. 5EX	Friedrich	Johannes 14 RACE	5. DATE C	KLOIBER	December 2	9 1984 HDAY) IF UN	DER I YEAR	11a	
1		Male	White	Febr	ruary 25, 1927	57	YRS.	DAYS	HOURS	MIN.
1	~ (RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF				
7		EYMANY TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			Prince Ge 12a USUAL OCCUPATION OUTPE OF WORK FOR MOST OF	ON 12	L KIND O		MD. ESS OR
		nham	Doctors Hospit	tal of	P.G. County	Consulting			APA	
7	13a. S	trate 13b COU ryland P.G.		NWC	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / 6200 Weste	All CODE	20740		#)10)1
		THER'S NAME FIRST	MIDDLE LAST	at Chat 1/2	15. MOTHER'S MAIDEN NAM		nes der 1	LAS		# +0-1
1	14 14	Joseph A	A. Kloibe:		Klara II INFORMANI	ADDRE		nck		
		(ES, NO OR UNKNOWN) (IF YES, GI	ive war or dates) 112-34-	(1)	Eva W. Sapp/6		I	North		olina lle.
		PART I. DEATH WAS CAUS	inly one couse per line far (a), (b), ED BY: (TE CAUSE (o) CAR	1)/0G	ENIC	SHOGE		APPROX BETWEEN	MATE INTER	PEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC	QUENCE OF	COLON ARY NOT RELATED TO THE TERM	ARTHING O	US 15 MS	PART 111	D)	
1	TION		NGIZSTIVIE	1/12	MI PAIC	URE	Too IF WEE WIE	DE EINID IA	los use	
Ž	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WE IN CERTIFYING YES			TH?
Í		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TO	OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	vn (OUNTY	S	STATE
		220.1 certify that 3() (this hasp	pitol) attended the deceased from Dec 29, 19	21,	nd that in (my) (our) opinion	to Dec. 29	te and hour and		that (K (v	-
		27b. SIGNATURE	Bras	M.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		DATE	SIGNED	184
		224 PHYSICIAN'S NAME STYPE	OR PRINT)	4 -	12e ADDRESS 9/7,	PICENTA	12	0 3/		7
		171	200R 5. RA	10	CLINI	ON. M)	26735			*

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

signed by the attending physicion and c hen please remove carban papers. Page

Riverdale, Maryland Chambers Funeral Home

1985 Julia Davidson Kindales

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O REGISTRAR 20 DATE OF DEATH MONTH I. DECEASED NAME Matilda Kopitsch December 19.1984 A AGE (IN YEARS LAST BIRTHDAY) 4 RACE 3 SEX 5. DATE OF BIRTH MONTH YEAR White Female. 1905 In RIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED USA Prince Georges County New York DIVORCED O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) POUS ENL'S E WORKING LIFE Laurel Greater Laurel Beltsville Hospital USUAL RESIDENCE HE NURSING DOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13s.STREET ADDRESS / ZIP CODE Maruland Anne Arundel 8358 Elm Road 21108 15 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! Brian Whaite same as above 18 CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO rusequete Cerelis Carksanle Perry Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216. TIME OF INJURY HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN 22a I certify that (I) (this happen) attended the and that in (my) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Silver Spring. Maryland Burial December 22,1984 Gate of Heaven

DHMH - 16 50M 4/83 (VRA 15, 4)

Donaldson Funeral Home, Laureless Md

26 HOUR

126 KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

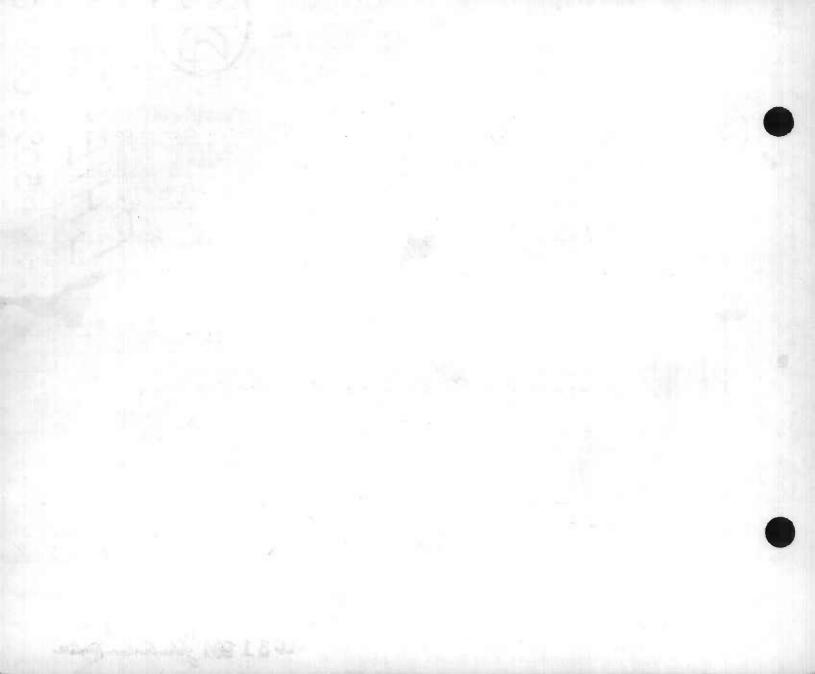
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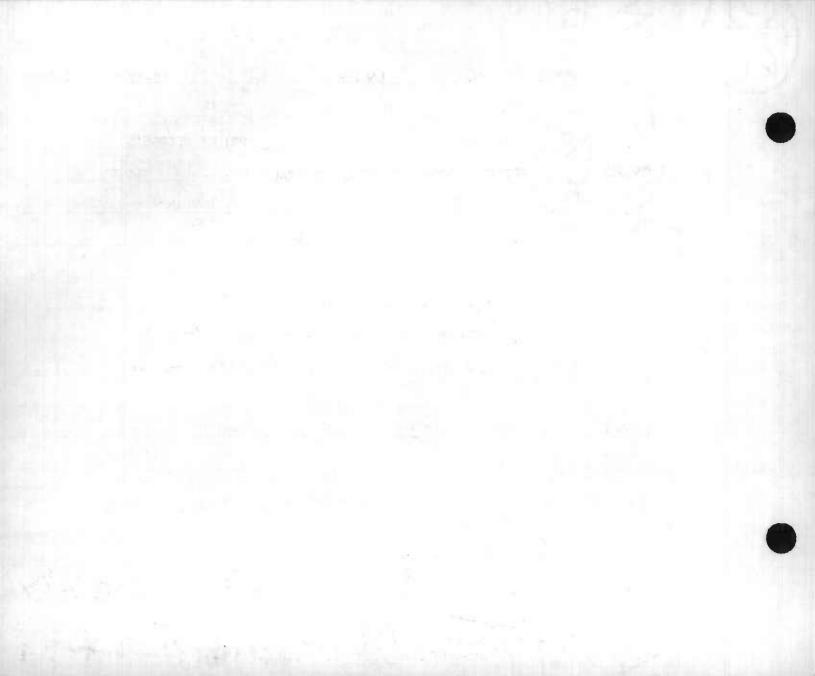
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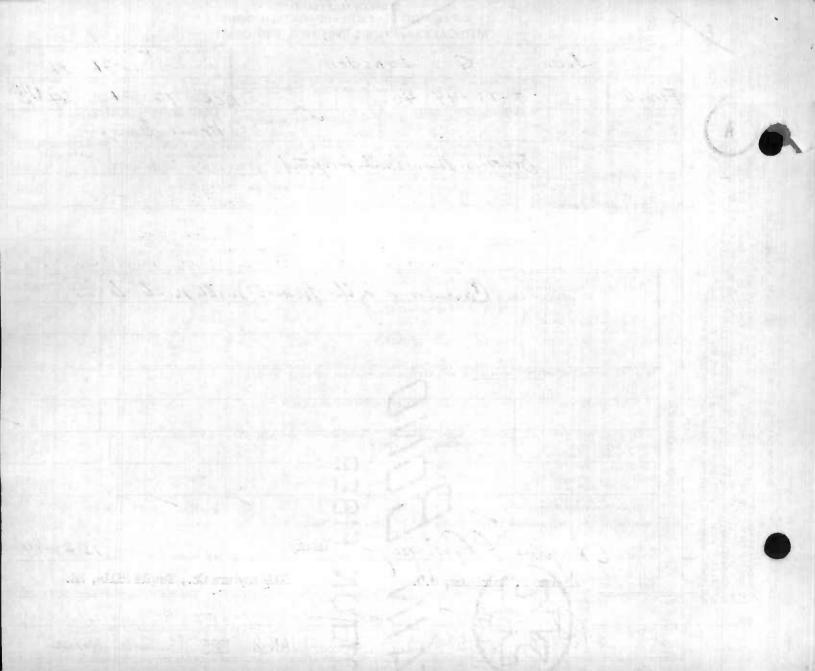


	FOR	DEDART	STATE OF MAKTLAND	IFAIF		
1.	STATE REGISTRAR	DEPARI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 9 4	
	CEASED NAME FIRST	MIDDLE	LAS1	20. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
(146)	JOYCE	N.	LANIER		12-02-84	1 :50PM
3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		
1	Female	Black	Nov. 23, 1951	33	YRS.	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR C	COUNTY OF DEATH	
W:	ash., D.C.	U.S.A.	WIDOWED DIVORCED	PRINCE GEO	RGE'S	
1/3	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII JIF NOT IN SUCH FACILITY, GIVE STREE PRINCE GEORGE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Dept. of	ORKING LIFE) INDUSTRY	OF BUSINESS C
USU	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE	2074
	Maryland PC	G Distri		1807 Tone	ow Place	
14. F.	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	LAS	51
8/10	Arthur B. La		Jessie H	ill ADDRESS		
	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)				211
	no	579 72	061B Patricia	McLeod-si	ster-1148	Abbe
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), a	nd (cs.)	4	BETWEEN	ONSET AND DEA
outer requirements	gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	Adul Regions	on Dietre S	nha	
×	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDIT	ION GIVEN IN PART 11	0.
CERTIFICATION	IV. THE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	1	06. IF YES, WERE FINDE N CERTIFYING CAUSES	OF DEATH?
A E	216. ACCIDENT WAS UNDERLYING	000		YES NO	YES D	ио 🗌
1 27	OR CONTRIBUTING CAUSE OF DE		AY YEAR			
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	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) STREET	CITY OR TOWN	COUNTY	STATE
2	AT WORK L				A.	
моткед М	AT WORK AT WORK	oital) attended the deceased from.	11/27 19 9		19 30	that (I) (we)
M MOTKED	22a.1 certify that (I) (this hosp	oital) attended the deceased from	, and that in (a) (our) opinion	death accurred on the date		
S T S	22a.1 certify that (I) (this hosp			, to		causes stated
TELL 2 I S MOTA	22a.1 certify that (I) (this hosp saw the decoded along about (I) was talked the decoded along a page (I) was talked the decoded along the	12/4/1/4 19	, and that in (aur) opinion		and hour and from the	causes stated
	22a.1 certify that (I) (this hosp saw the decoded along about (I) was talked the decoded along a page (I) was talked the decoded along the	12/4/1/4 19	, and that in (aur) opinion	MEDICAL STAFF	and hour and from the	causes stated
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23a.	270.1 certify that (I) (this hosp sow the discoord alive to obose, (I) (we) (did (tild on 177). SIGNATURE	Cohen 6	ond that in (a) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL PARTICIPATION 1234 LOCATION	ond hour and from the	SIGNED
230.	270. I certify that (I) (this hosp sow the discovered olive or obote, (I) (we) (did) (did on 27% SIGNATORE	Cohen 6	and that in (our) opinion DEGREE ATTENDING PHYSICIAN (COUR) 22e. ADDRESS 6201 M.	MEDICAL STAFF DIRECTOR PHYSICIAL PROBLEM 234 LOCATION CITY OR TOWN	ond hour and from the	causes stated



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN D MONTH 2a. DATE (TYPE OR PRINT) ESTI-Jean Lansdon DEATH MATED 12. 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER) YR. IF UNDER 24 HRS LAST BIRTHDAY) 40 Black To BIRTHPLACE (STATE OR COUNTRY? ANTIMORE CITY OF COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) U.S.A. North Carolina WIDOWED DIVORCED 18. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WOM 170 KIND OF BUSINESS OR INDUSTRY School Teacher UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Clinton 10107 Wigan Drive PG YES [NO [Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Willie Mae Emmet Deloatch Newsome 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 38 70 1992 17 INFORMANT Larry Newsome cousin-2300 Good Hope Road, S.E. (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: reart with nector la Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) USED AS A E CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CASE 3 SHOULD BE UNTERNED TO BUS YES [] 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 11 LOCATION STREET, FACTORY, FARM, ETC.) WHILE CITY OF TOWN WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SIX BALLIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described obove, held an Autopsy Inspection Undetermined manner death resulted fram: Natural causes Hamicide DATE 11-23-84 MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills, Md. Augusto P. Rodriguez. ADDRESS 230 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Suitland, Maryland Cedar Hill Cemetery BP. 24. FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** cha Davidson Randale Benning Road Funeral Home-4001 (VR A15 ME (5)) 20M 4/82

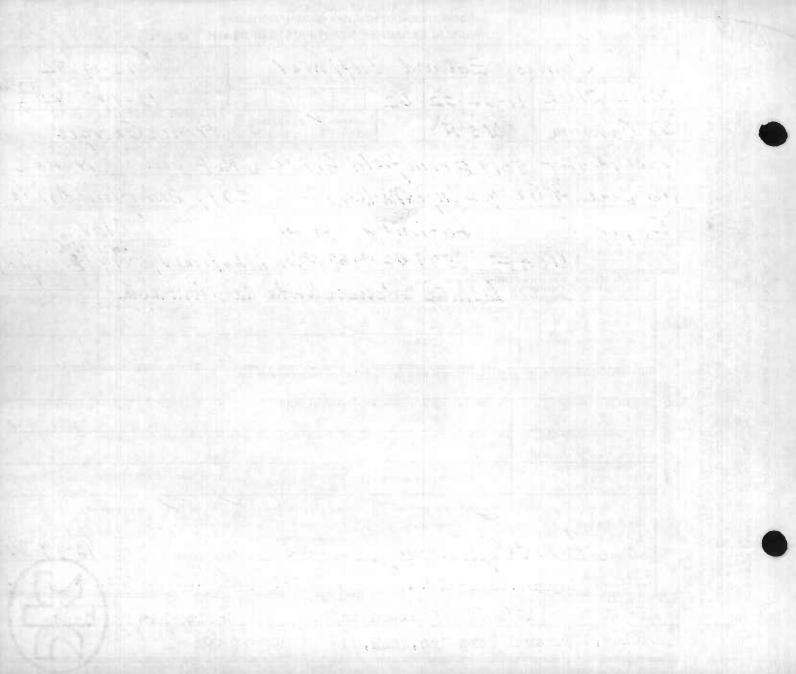
STATE OF MARYLAND



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or us of He		saw the deceased alive a	n	15 19	19,00	d that in (my) (out) opinion		, , ,		
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						and in my opinion
E.		death resulted from: Nature	ol couses . Accident .	Suicide, Homicide	Undetermined monner	
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J-	1	SIGNATURE XILLY	3/2/ Codeques	M.D. Deputy	MEDICAL EXAMINER	DATE 13-19-84
-	1	EXAMINER'S NAME	/ // 0			771.22 M1
1		(TYPE OR PRINT) August	o P. Rodriguez, M.D.	ADDRESS 5009 R	ayburn Ct., Temple	e Hills, Md.
	23a.B	URIAL, CREMATION, REMOVAL 2		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	
		MARCHAN .		onham VA		COUNTY STATE
	24. F	UNERALDIRECTOR	-2, 2., 0. OHE100	IZSO, DATE R	EC'D. BY REGISTRAR 12/6 PEC	m Maryland
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-Jarbara. DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD TE BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WEST VIRGINIA U.S.A. WIDOWED A DIVORCED PRINCE GEORGES 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! HOUSEWIFE OR INDUSTRY Powie HOUSEHOLD USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BOWIE MARYLAND P.G. 3046 TRAYMORE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE EIRST LAST MIDDLE JAMES PERRY LORETTA BOYERS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS IYES, NO, OR UNKNOWN (IF YES, GIVE WAR OR DATES) NO 191-18-96381 BONNIE CAMPBELL BOWIE, NO 18 CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c) APPROXIMATE INTERVAL Monsine aprolio vascule diseas BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: REMOVAL IMMEDIATE CAUSE DUE TO ON A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO F 3 SHOULD BE L DEPARTMENT C 1 PRIOR TO BUR 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY AT WORK AT WORK EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, 220 I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) Deputy EXAMINER'S NAM Rollriguez M.D. Augusto P. ADDRES 5009 Rayburn Ct. Temple Hills, Md. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BP **DHMH - 17** Julia Davidson (VR A15 ME (5)) 20M 4/82

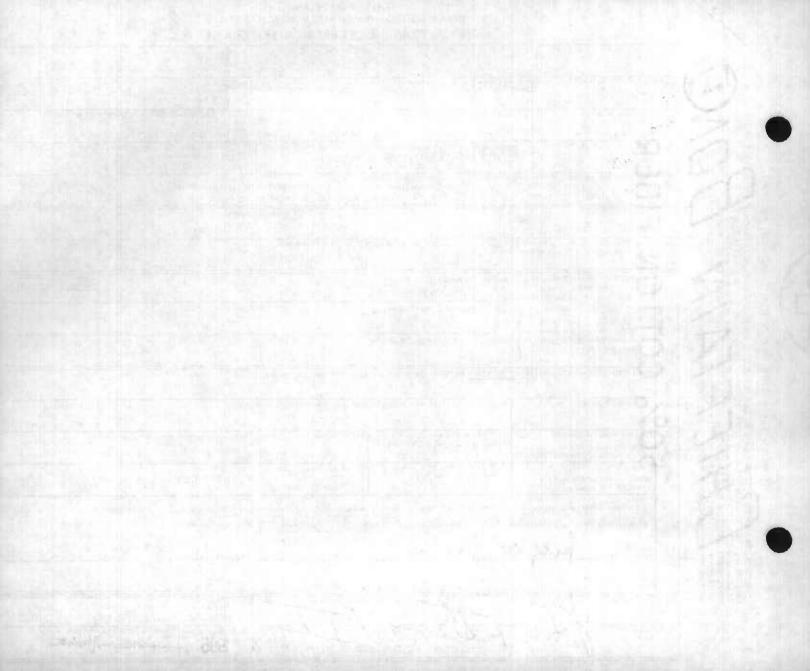
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE ATE OF DEATH REGISTRAR DECEASED NAME KNOWN X LTYPE OR PRINTS ESTI-DEATH MATED JAMES .OGAN JR. 4 RACE IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male Black May 26, 1948 v3.6 DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Wash., D.C. DIVORCED Prince George's County IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Prince George Co. Hospital Cheverly Shoe repair USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland PG YES ... Dist. Hats Addison Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST James Logan Templemon Louise 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. BURIAL - TRANSIT PERMIT, PAGES I AND MENTAL HYGIENE, DIVISION ATION, OR REMOVAL. (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 0827 Ivory Logan-brother-1812 Alabama no 56 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wounds of chest IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION E FORWARDED TO THE STORE AS STANDING BE USED AS STORE PAGE 3 SHOULD BE USED AS THE STATE DEPARTMENT OF HEAT THE TOBURING TO BURING TO 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [TIL TIME OF INJURY
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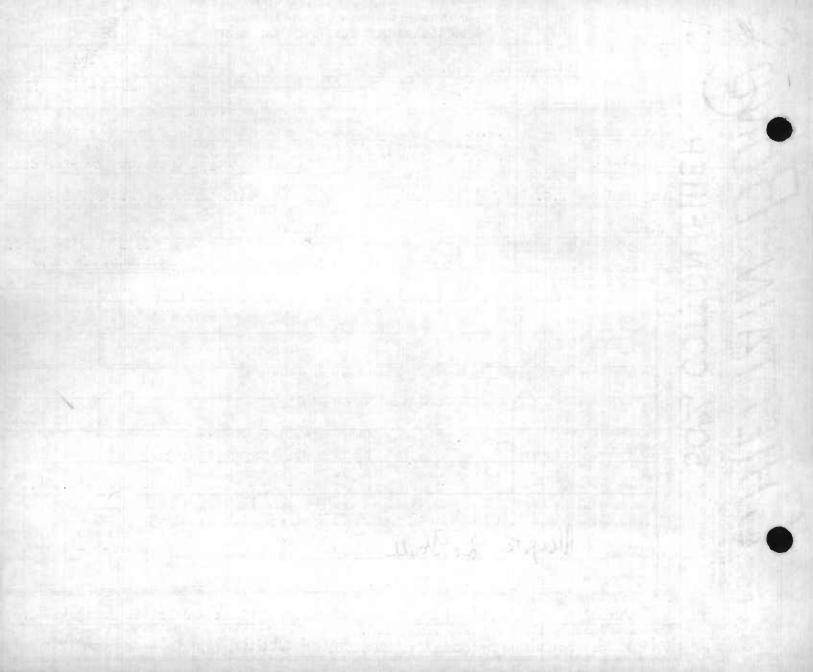
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME LTYPE OR PRINTI FREDERICK G. DEATH MATED LONG 4 RACE DATE OF BIRTH AGE LIN YEARS I IF UNDER TYR L SEX IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) PRONOUNCED Male White 1899 85 YRS Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Rhode Island U.S.A. DIVORCED Prince George's County & CITY OR TOWN OF DEATH Prince George Cheverly S County Hospital Linotype Operator Evening Star 13e STREET ADDRESS 13b. COUNTY 13d. INSIDE CITY LIMITS? Maryland P.G. No □ 6415 Landover Rd. #302 20785 Cheverly 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME AND OF VIT MIDDLE Long Unknown James 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRE 6513 Bradley Blvd. IYES, NO. OR UNKNOWN) 578-09-8641 Bethesda, MD 20817 Joseph King APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX 210 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) pedestrian struck by auto(s) CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALFIMORE, MARYLAND, 21201 P STREET MACTORY FARM, ETC.) 6500blk., Rt. 202 Prince George's. Co., Md WHILE AT WORK Autopsy 22a I certify that I took charge of the remains described above, held on Inspection Inquiry Undetermined monner Suicide 12-18-84 ACTUAL SIGNATURE EXAMINER'S NAME Margarita A. Korell.M.D. 111 Penn STreet (TYPE OR PRINT) 12/20/84 Burial Cedar Hill Cemetery Suitland Prince George's Md. 07/B4 Prancis Gasch's Sons Funeral Home, P.A. 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 whie Davidson Mandelle 4739 Baltimore Avenue Hyattsville, MD 20781 (VR A15 ME (5))



STATE OF MARYLAND

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	1. DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOU
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DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR Francis J. Collins

500 University Blvd. W. Silver Spring

DHMH - 16 50M 4/83

(VRA 15, 4)

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

MONTH

7b. HOUR

12b. KIND OF BUSINESS OR

Rodman

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY

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wha Davidson Gandall

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22c. DATE SIGNED

2/26/84

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IF UNDER 24 HRS

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STATE

1984

IF UNDER 1 YEAR

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506 University Plant. P. Silven Swine W.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft

etained by the hospital or attending physician

should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician

MAPORTANT: If Hem 21 is marked or Item 18 stems only

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3 S		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS DAY	
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7a 8	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8.	D NEVER MARRIED	_	R COUNTY OF DEATH	
T	exas	U.S.A.	WIDOW		Prince Ge	orge's	MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATE		OF BUSINESS OR
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	.C.		ington	13d. INSIDE CITY LIMITS?	3737 Nash	St. S.E.	20020
_	ATHER'S NAME		LIE COLL	15 MOTHER'S MAIDEN NA	ME		
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	THE SIGNATURE			DEGREE	MEDICAL STAI		ATE SIGNED
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	22d. PHYSICIAN'S NAME (TYPE	O(PRINT)		22e. ADDRESS	1 1 1	1-07	ank mal
	Don H. Y	ablonowiti	2 10	(0300 G	reenbelt A	7600L	0017100
23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	county	- Calling
	Burial	12/10/84	Rock C	reek Cemetery	Washingt		D.C.
24	FUNERAL DIRECTOR ROL	LINS FUNERAL	HOME, IN	Dis. DAT	EREC'D BY REGISTRAR	756 REGISTRAR'S SIGN	ATURE
	NAME	ADD	DREAS		a - ann - million	and the second	

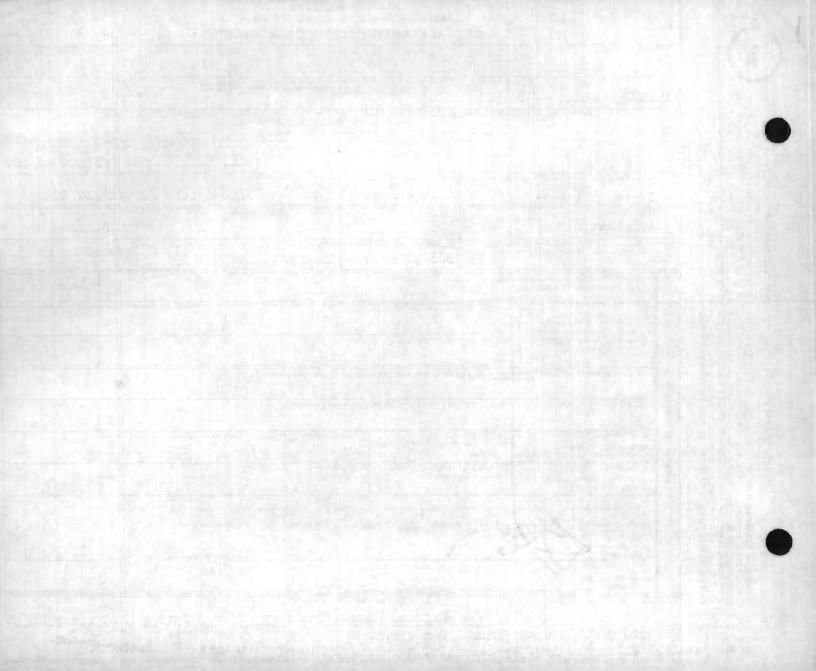
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WASHINGTON, D.C. 20019

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 2a. DATE KNOWN X (TYPE OR PRINT) OF ESTI-Marie E. Martin 12/13/19 84 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 7:55 DATE PRONOUNCED 88 Female. White 1896 DEAD 13/1984 In BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Minnesota U.S.A. WIDOWED DIVORCED Prince George' County IB CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK GIVE PAGES 1, 2, AND 3 TO THE ITH FORM PM 3. RETAIN PAGE PAGES 1 AND 2 SHOULD BE FILED Maintenance State of Md. Riverdale Leland Memorial Hospital P.G. 13a STATE College Park 13d INSIDE CITY LIMITS? 5000 Apache Street Maryland 20740 YES X 15 MOTHER'S MAIDEN NAME
Mary 14. FATHER'S NAME MIDDLE MIDDLE Sexton John Martin Ann 117 Hedgewood Drive 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO NO, OR UNKNOWN) 563-20-5922 Thomas P. Moran Greenbelt, MD 20770 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ED AS A BURIAL-TRANSIT PERMI HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHITCH FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFFER DEATH, WITH, THE STATE DEPARTMENT OF BULLIMORE, MARYLAND, 2120 PRIOR TO BURI NO [] 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR X OR UNDERLYING 12/13/1984 subject pedestrian struck by truck 7:00m CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK roadway 9104 Rhode Island Ave., College Pk., 22a I certify that I taak charge of the remains described above, held an Inspection and in my apinian Hamicide ___ Undetermined manner death resulted fram TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 12/14/84 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn st. 230. BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 12/17/84 Gate of Heaven Cemetery Silver Spring Montgomery MD 07/84 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25M Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** 4739 Baltimore Ave. Hyattsville, Maryland 20781 NFC (VR AIS ME (S))



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

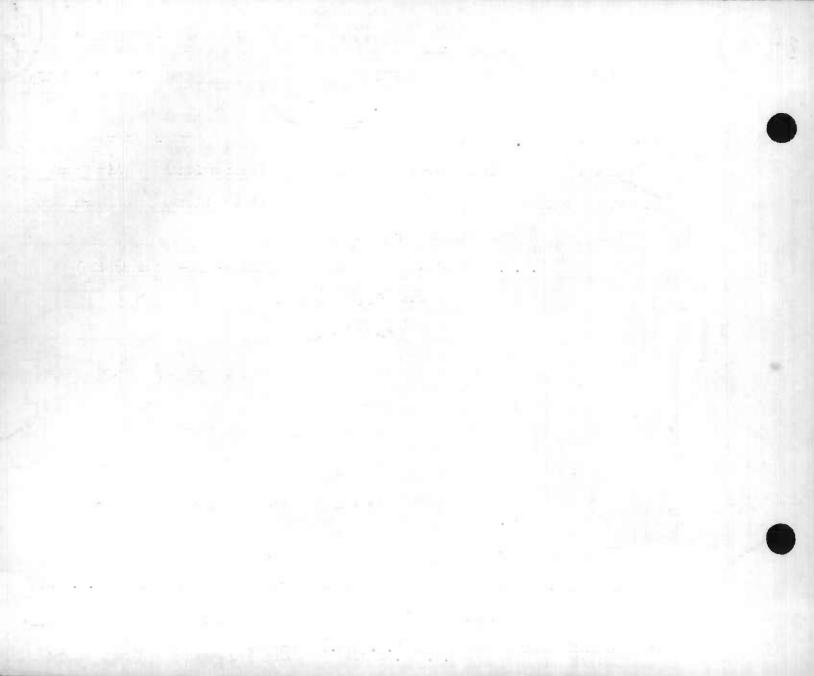
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	£.	Venezuela	Venezuela	WIDOWE			ince Ge		
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N. Y.	13a. S	AL RESIDENCE (I NURSING HOME OR INTERIOR 136 COUNTY PAIRS	ITY 13c CITY OR T	OWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 11109 Litt		ok Lar	ne 22030
	14. FA	THER'S NAME FIRST Jose	Maria Blanco	Martin	13. MOTHER'S MAIDEN NA FIRST	WE		1A	151
7		VAS DECEASED EVER IN U.S. ARA	E WAR OR DATES)		17 INFORMANT	ADDRE		1.0	,
4.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATED)	.A.F. 226-19	-4354	Efigenia Mar	tinez-wite-	(same a	as 13e	2)
	Z	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE		NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN	N IN PART 1	10
Z	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	YES NO XX	IN CERTIFYI	WERE FINDI	INGS USED S OF DEATH?
7		2 to. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	1 I OR PART 2)	
	MEDICAL	21d. IN JURY OCCURRED white NOT WHITE at work AT work	21e PLACE OF INJURY LAT HOME STREET, FACTORY OFF	ICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a certify that (1) (this haspit sow the deceased alive on, above, (1) (we) (did) (did not	Dec. 13	0.1	nd that in (my) (our) opinion		ote and haur c	ond from the	, that (I) (we) lost e couses stated
		726. SIGNATURE	1. Cereran			MEDICAL STA		22c DATE	E SIGNED
		22d PHYSICHN'S NAME HYPE OF	R PRINT)	0	Malcolm Grov	e Hospital,	Andre	ws A.l	F. Base
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 1.2-16-10.9/	13c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Hines Rinaldi Funeral Home S.S. Md. 20904

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

	7.	FOR STATE REGISTRAR			DEPAR		FICATE OF	MENTAL HYGI DEATH	ENE REG. N	4	4 1	1
		CEASED NAME	FIRST		MIDDLE		LAST	7 - 1 - 1	20. DATE OF DEATH		DAY YEAR	26 HOUR
	(TYPE	OR PRINT)	Esthe	er	Irene	Ma	ttia		December	28, 19	84	11 B M
	3 SEX	X		4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		Wh:	ite	MONTE	28	1906	78	YRS	ONINS DAYS	HOURS MIN.
1		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN C	F WHAT COUNTR	Y? 8.			9 BALTIMORE CITY		OF DEATH	
1		country) ennsylvani	a	U.S	.A.	WIDOW		NORCED	Prince Ge	orge's	County	MD.
1	Lanham USUAL RESIDENCE (IF NURSING HOM)			Magno.	PFHOSPITAL, NURS SUCH FACILITY, GIVE STRI Lia Garde	SING HOME OF THE PROPERTY OF T	OR OTHER IN		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewife			F BUSINESS OR
1	13a S	AL RESIDENCE (IF NURS STATE aryland	13b COUN P. G	ITY	136 CITY OR TO		13d INSIDE YES X	CITY LIMITS?	13e STREET ADDRESS 9757 Good	ZIP CODE Luck	Road #	5 20706
1		ATHER'S NAME FIRST dwin		MIDDLE	Heim		15 MOTHER	FIRST	MIDDLE		He1	
		VAS DECEASED EVER				CURITY NO.	17 INFORM	4/		9757		k Rd. #5
		YES, NO OR UNKNOWN)	{IF YES, GIV	E WAR OR DATES	578-05-	-5925D	Janet	Petrie			n, Md.	
		18 CAUSE OF DEAT PART I. DEATH W	VAS CAUSE	ly ane cause p D BY; E CAUSE (a)	per line far (a), (b),	eta b	olie	Aci	dosis		BETWEEN C	MATE INTERVAL DNSEI AND DEATH
		Conditions, if any gove rise to im	mediate	DUE TO,	OR AS A CONSEC	DUENCE OF	6-25-	1 no-E	ntonitio	_	12	lus
		underlying couse	e last	(c).	OR AS A CONSEC	siable f					10	years
	NO	PART 2 OTHER SIGN	HE d	onditions	CONTRIBUTING TO	B: la	NOT RELATE	Coto THE TERMIN	HALDISEASE OR CON	DITION GIVE	N IN PART 118	
)	CERTIFICATION	190 DATE OF OPERA	TION	19b. CON	IDITION FOR WHIC	CH OPERATIO	N WAS PERF	ORMED	YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH?
7	AL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21¢ HOW I	NJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCUR	RED HITE	21e PLAC	CE OF INJURY STREET, FACTORY OFFIC	E. FARM ETC)	21f LOCAT		CITY OR TO	wn	COUNTY	STATE
		22a I certify that (1) saw the deceas above, (1) (we) ((this hospited alive an	al) attended	the deceased fram	VU/.		(aur) apinion d	eath occurred on the d			that (I) (we) last causes stated
		274 AIGHATURE	oral Tala IIo			-	DEGREE				22c. DATE	SIGNED
		Mussus	m		turs			ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	Dec.2	28,1984
1		Thomas M			M.D.		6214		r Road - L	andove	r, Mary	yland
		BURIAL, CREMATION,	REMOVAL	23b DATE				CREMATORY	23d LOCATION		# O	
	L '	Burial		Dec.3	1,1984 F	t. Lin	coln C	emetery	Brentwood			
	24 FL	JNERAL DIRECTOR						25a. DATE	REC'D. BY REGISTRAR	256 REGISTE	AR'S SIGNADA	HOLD DE

F. Gasch's Sons F. H. P.A. Hyattsville, Maryland AN 4

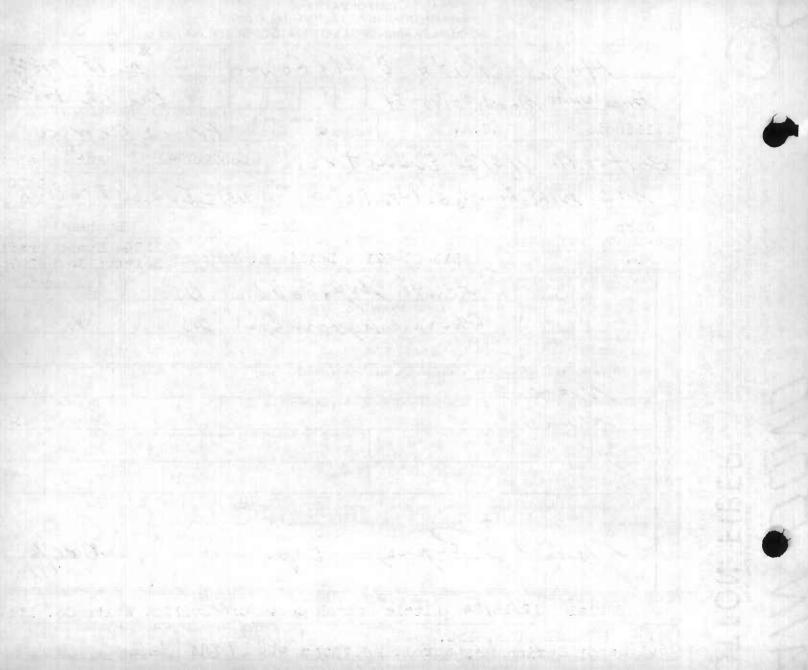
DHMH - 16 60M 7/84

Pattin Posesbar 28, 1984 OTOST 201207 aliff A . . . Binst Tamos Timos Elements County Tamber Courselle Cardons Noveing Hono | Courselle | Courselle The state of the s Marying D. C. Carlendi m frail Late and the state of the MELLEC DE 621 [cardwer unt - Inndexer, Marghand Prostor M. Hubelline, M. D. Jurian | Hec. 11, 1984 | Lairun P. Canalta Suna M. H. J. Buttleville, Maryland &

STATE OF MARYLAND

The same two to the same and the same same mor a sur in anities. The state of the s THE RESERVE OF THE PARTY OF THE

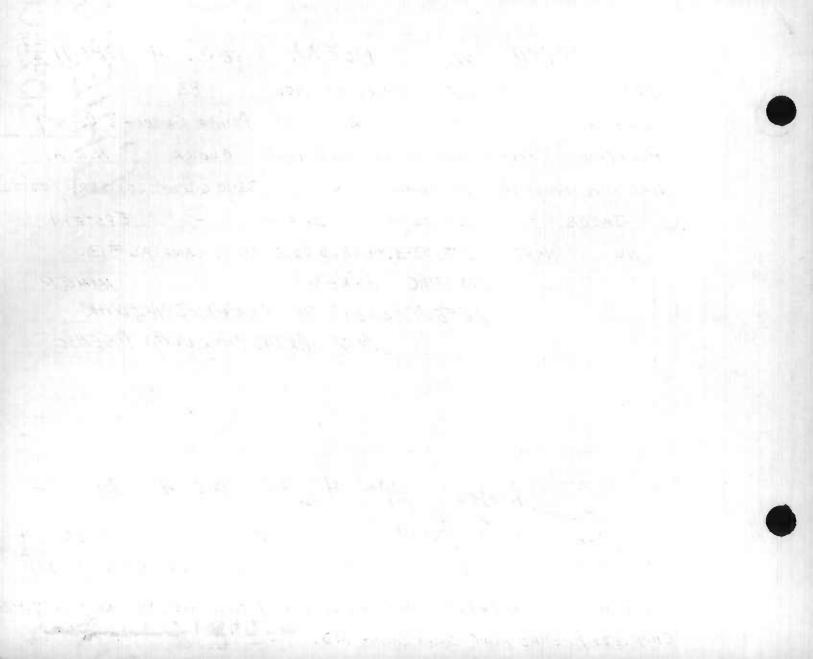
STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE FRIIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN M MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 24 HRS IF UNDER 1 YR DATE LAST BIRTHDAY) PRONOUNCED MARRIED T NEVER MARRIED Tilinois U.S.A. DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Auto Dealer Bookkeeper 720705 134 INSIDE CITY LIMITS? 134. STREET ADDRESS. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hughes Edmonds John Delila 17. INFORMANT ADDRESS 264 Evans Trail 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. NO.OR 313-05-6218 Dollie M. Youssef Beltsville.Md2070 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO SE 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK Inspection 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Inquiry Natural causes Accident Suicide L Hamicide ___ Undetermined manner EXECUTE HE CERTE
PAGE 4 SHOULD BE
TO UNITED BETTE DIRECT
AFTER DEATH WITH
BALLIMORE MARKIL TITLE (SPECIFY) 230. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial 12/19/84 23c NAME OF CEMETERY OR CREMATORY
Little Wabash Cem. 23d LOCATION Crossville, White Co. BP 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE FLECK FUNERAL HOME PORFINC. DHMH - 17 (VR A15 ME (5)) 7601 Sandy Spring Rd Laurel. who Davidson Md.2070 20M 4/82





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME 2b. HOUR TYPE OR PRINTS OHN 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED COUNTRY OHIO WIDOWED PRINCE GEORGES DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Sec. Guard US Govern. FORT WASH. REHAB. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS WASH. NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST CELIN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? JOHNSON-CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [Нув 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 5.01 83 220.1 certify that (1) (this hospital) ottended the deceased from, and that in (my) (ear) apinion death occurred on the date and havr and from the causes stated sow the deceased alive on_ abave, (1) (we taled) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED # MEDICAL ATTENDING . MPORTANT. PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should be 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Suitland Burial MD Cedar Hill Cemetery 24 FUNERAL DIRECTOR NAME ROBert E Wilhelm ADDRESS Suitland DHMH - 16 50M 4/B2 (VRA 15, 4) 1 Funeral Home

many the state of the state of

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH S	REG. NO.	
1. DECEASED NAME FIR	RST MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26. HOUR
JO JC	SEPH G	MICHELS	12	19 84 7 15A
SEX	4. RACE	5. DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS
Male	White	April 1, DAY 1903 YEAR	81 _{YRS}	ONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREK	GN 76. CITIZEN OF WHAT COUN	MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
New york City	U.S.A.	WIDOWED DIVORCED	PRINCE GEORGE'S	COUNTY M
O CITY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OF
CHEVERLY		AND MEDICAL CENTER	Ret.Lt.Detective	City Police
	OUNTY 13c. CITY OR		? 13e STREET ADDRESS / ZIP CODE	20785
Maryland	P.G. Cheve	erly YES X NO [2330 Belleview A	venue
14 FATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN	NAME	LAST
Joseph	Michels			Kaiser
160 WAS DECEASED EVER IN L	J.S. ARMED FORCES? 166. SOCIAL	SECURITY NO. 17 INFORMANT		ress Same as
(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	32 6484A Mrs. Alice	E. Michels No#	13e.
	nter only one couse per line for (a), (<u> </u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS	CAUSED BY:	1 20 TO 1 + 1 - Da	ite ulcars from	7 dans
IAAA	MEDIATE CAUSE (0)			1
- 0.767	DUE TO, OR AS A CONS			was
Conditions, il ony, who		insons disease		7
couse (a), stating	the DUE TO, OR AS A CONS	SEQUENCE OF		years
underlying couse le	ost (c) AL 2	herman desease		
	ANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TE	A	EN IN PART 110
o Z	Pt unrespon	sive NO COGN	. Tive Function	**
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
<u> </u>			YES NOW YES	
210. ACCIDENT WAS UNDERLY		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM TE PA	ART T OR PART 2)
OD CONTRACTOR CONTRACTOR				
(IF EITHER, NOTIFY MEDICALE 216 IN JURY OCCURRED	21st PLACE OF INJURY	19 211 LOCATION		
WHILE NOT WHILE	(AT HOME STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		8-27 94	10 10	016
	s hospital) attended the deceased 1		10	19.84 , that (I) (we) lo
	(did not) view the body ofter death.	_ iy _ 64 , and that in (my) (our) opini	ion death occurred on the date and hour	
226 SIGNATURE		DEGREE		22c DATE SIGNED
Kolver	2 Latendon	M.U. ATTENDING PHYSICIAN		12-19-84
224 PHYSICIAN'S NAME		22e ADDRESS	- 1 01/ 0	enter 341-644
ROBERT	L. SNI DON	IR MD PEGIT; I	Family (kalth Co	ander of the
230 BURIAL, CREMATION, REA	AOVAL 236 DATE	231 NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	
Burial	Dec.21,1984	Resurrection Cemete	ery Clinton I	P.G. Maryland
	2000	To a second seco	U ULLIIOUII I	ede imi

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

Francis Gasch's Sons F. H P.Aquess 39 Baltimore Avenue Hyattsville, Md.

DEC 24 1984 Juna Jamason - Render

no. it. Detective lity believe to rees Same as . 25 l of Michael . Mica M. Midhela Tec. 31, 1936 Angurrection Compter Olinton Danfernit n.o.

requires that the death certificate be executed within 24

TENDING PHYSICIAN. The low

TO HOSPITAL OR ATTEN

FOR - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

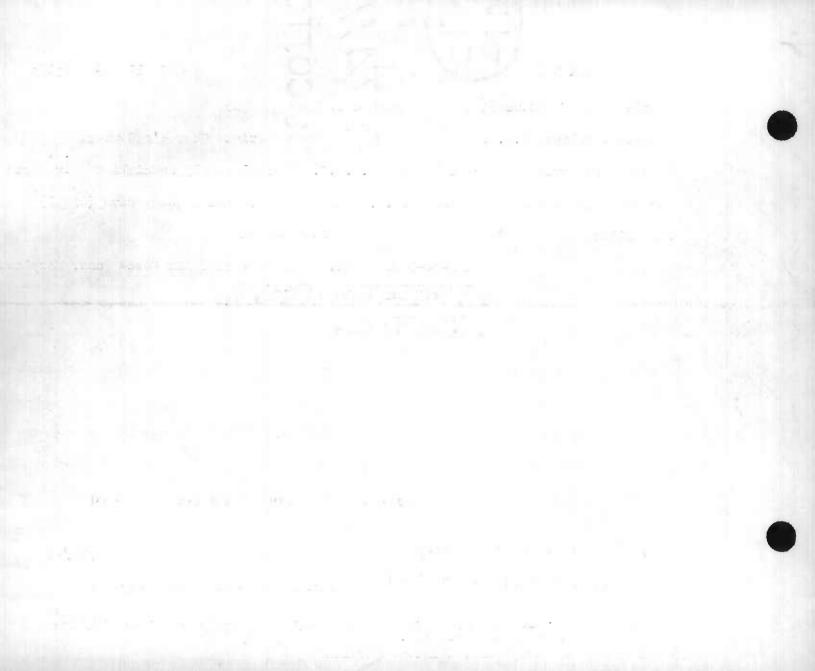
00)	.4		2	53
3	4	6 ~		8
		4		-

								REC	2. INO.			
	CEASED NAME	FIRST	٨	MIDDLE	LAST	100		20. DATE OF DEAT	H MONTH	DAY	YEAR	2b HOUR
(LANE (OR PRINT)	Renedi	ict Ch	arles Mi	10000		Value of	December	21	1984		10:20
3. SEX	<		I. RACE	arres m	5. DATE OF BIRT	H.		6 AGE (IN YEARS LA			ERIYEAR	IF UNDER 24 HRS
	Male		Caucas	ian	Dec. 2	8,	1922	62	Y	RS.	DATS	HOURS MIN
70 BIRTHPLACE (STATE OF FOREIGN		FOREIGN 7	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH				
	nnsylvania	3	U.S.	.A.	WIDOWED		RCED	Prince G	eorge	's Co	untv	٨
	TY OR TOWN OF DE	The Table	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD		ADORESS)	ORESS)		126. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
	anham			' Hospita		nce G	eo.Co	Personn	er an	атурт	U. S.	GOV. C
13a S1	aryland	136 COUNT		13c. CITY OR TOW	/N 13d II	NSIDE CITY	LIMITS?	16312	ss / zip c	wood	Lane	20715
14. FA	THER'S NAME		MODIF	LAST	15. M	OTHER'S M	AIDEN NAA	AE MIDD				
	Joseph		NOUTE	Milazz	zo		ina	MIDE	LE		DeCa	ra
Ióa W	VAS DECEASED EVE			166 SOCIAL SECU	JRITY NO. 17. IN	FORMANT		A	DRESS			- 14
LAI	Yes. NO OR UNKNOWN)	(IF YES GIVE	MAR OR DATES)	195-18-0	0990 E	Eleano	or M. I	Milazzo S	ame a			
	18 CAUSE OF DEA	TH (Enter only	y one cause per	line for (a), (b), on	d (c)	1	- /	1	1			MATE INTERVAL
	PART I. DE ATH		CAUSE (a)	54	16 orac	hno	11	hemo	what	ac	4	84.
	gave rise to in cause (a), stat underlying caus	ing the se last.	(ic)	r as a conseoul								
NOI	gave rise to in cause (a), stat	nmediate ing the se last.	(ic)			RELATED TO	THE TERM	nal disease or c	ONDITION	1 GIVEN IN	PART I+o	
IFICATION	gave rise to in cause (a), stat underlying caus	nmediate ing the se last.	ONDITIONS <u>CC</u>		<u>DEATH</u> BUT NOT F		a P	200 AUTÓPSY?	20b. I	IF YES, WER ERTIFYING	E FINDIN	GS USED OF DEATH?
ERTIFICATION	gave rise to in cause (a), stat underlying cous PART 2 OTHER SIC	nmediate ing the se last. GNIFICANT CO	ONDITIONS CC	ONTRIBUTING TO I	<u>DEATH</u> BUT NOT F	S PERFORM	ED	200 AUTÓPSY?	20b. I	IF YES, WER ERTIFYING YES	E FINDIN CAUSES	GS USED
CERTIFIC	gave rise to in cause (a), stat underlying couse	mediate ing the ise last. SNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT F	S PERFORM	ED	200 AUTÓPSY?	20b. I	IF YES, WER ERTIFYING YES	E FINDIN CAUSES	GS USED OF DEATH?
CAL	gave rise to in cause (a), statunderlying couse PART 2 OTHER SICE 19a DATE OF OPER. 21a, ACCIDENT WAS UITOR CONTRIBUTING	innediate ing the ite last. NIFICANT CO ATION ATION ODERLYING CAUSE OF DEAT CAUSE OF DEAT CREED WHILE	ONDITIONS CO	ONTRIBUTING TO	OPERATION WA	S PERFORM	ED	200 AUTOPSY? YES NO	20b. I	IF YES, WER ERTIFYING YES M18 PART 1 0	E FINDIN CAUSES	GS USED OF DEATH?
	gave rise to in cause (a), statunderlying couse (a), statunderlying couse (a), statunderlying couse (b), and (c), and (c	ATION ATION ATION ATION CAUSE OF DEAT CICLE XAMINER ORK ORK ORK Seed alive on	10 CONDITIONS CONDITIO	DITRIBUTING TO	OPERATION WA AY YEAR 19 FARM. ETC.)	S PERFORM HOW INJUI	RY OCCURR	200 AUTOPSY? YES NO	20b. I IN CI INJURY IN ITER	FYES, WEF ERTIFYING YES THE MISS PART I O	RE FINDIN CAUSES RPART 2}	GS USED OF DEATH? NO STATE
	gave rise to in cause (a), statunderlying couse (a), statunderlying couse (a), statunderlying couse (b), and (c), and (c	ATION ATION ATION ATION CAUSE OF DEAT CICLE XAMINER ORK ORK ORK Seed alive on	Ich ONDITIONS CO	DITRIBUTING TO	OPERATION WA AY YEAR 19 FARM ETC.) THE CORE	S PERFORM HOW INJUI LOCATION STREET	RY OCCURR	200 AUTOPSY? YES NO	20b. I IN CI	FYES, WEF ERTIFYING YES 1 M 18 PART 1 0	CAUSES RPART 2) DUNTY Tram the c	GS USED OF DEATH? NO STATE
MEDICAL	gave rise to in cause (a), statunderlying couse (b). PART 2 OTHER SIC 19a DATE OF OPER. 21a, ACCIDENT WAS UI OR CONTRIBUTING [IF EITHER NOTIFY MET 21d INJURY OCCU WHILE AT WORK AT W 22a. I certify that (saw the decea above, (1) course.	ATION ATION ADERLYING (CAUSE OF DEAT OCK ALEXAMINER) AND CAUSE OF DEAT (CAUSE OF DEAT OCK ALEXAMINER) AND CAUSE OF DEAT (CAUSE OCK ALEXAMINER) AND CAUSE OF DEAT (CAUSE OCK ALEXAMINER) AND CAUSE OF DEAT (CAUSE OCK ALEXAMINER)	196. CONDITIONS CC 196. C	ONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D. M. OF INJURY GEET, FACTORY, OFFICE F deceosed from 19 after death.	OPERATION WA	S PERFORM HOW INJUI LOCATION STREET	RY OCCURR	200 AUTOPSY? YES NO ED (ENTER NATURE OF	20b. I IN CI IN CI OR TOWN	FYES, WEF ERTIFYING YES 1 M 18 PART 1 0	CAUSES RPART 2) DUNTY Tram the c	GS USED OF DEATH? NO STATE hat (I) (well lace) laces stated
MEDICAL	gave rise to in cause (a), statunderlying coust underlying coust underlying coust part of the coust of the co	A. Boe	196 CONDITIONS CO 196 CONDITIONS CONDI	DITRIBUTING TO	OPERATION WA	S PERFORM HOW INJUIL LOCATION STREET LIN (my) (4) ADDRESS 4300 (4)	RY OCCURR 19 5/ ILL Opinion C	TOO AUTOPSY? YES NO ED (ENTER NATURE OF CITY. 10 DEC leath occurred on the course of the course	20b. IN CIA	IF YES, WERERTIFYING YES WIS PARTIO	CAUSES PART 2) DUNTY from the co	GS USED OF DEATH? NO STATE that (I) (will lace lace assess stated SIGNED
WEDICAL MEDICAL	gave rise to in cause (a), statunderlying coust underlying coust underlying coust part 2 OTHER SIC 19a. DATE OF OPER. 21a. ACCIDENT WAS UI OR CONTRIBUTING [IF EITHER NOTIFY MEI 21d IN JURY OCCUI AT WORK AT WORK AT WORK 22a. I certify that (A. Boe	ICH ONDITIONS CO	DITRIBUTING TO	OPERATION WA	HOW INJUING THE TOTAL TO	RY OCCURR 19 5/ ILL Opinion of Sician Sician Sician Matory	200 AUTOPSY? YES NO ED (ENTER NATURE OF CITY. . 10 Dec leath accurred an ti CDIRECTOR PH T FOX Ln. 236 LOCATION	20b. In CI I	FYES, WEFERTIFYING YES MIS PARTIO	CAUSES PART 2) DUNTY FULL Transition Transition	GS USED OF DEATH? NO STATE that (I) (causes stated SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be mith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(LE .00 .00 LE . v'vol.=. veysem Edmidfie THE RESERVE OF THE PROPERTY OF The state of the s Total S, CJUS IS, Missay to Call. Totalstown Cambrist Co. Es.



5		1.	STATE REGISTRAR			DEPARI		ICATE OF DEATH	GIENE	REG. NO		2 0	
			CEASED NAME	FIRST	,	MIDDLE	i	AST	2a. DATE	OF DEATH	MONTH [DAY YEAR	2b. HOUR
	3 25	(1Ab)	OR PRINT)	RY	TE	RESA	MIL	LER	III ISH	12	29	1984	4 8:07 M
	OF OF	3. SE	х		4 RACE	0	5. DATE C		6. AGE (1	IN YEARS LAST BIRTH		IF UNDER I YEAR	
	(Ag)		FEMALE		AFRO A	MER.	May	5 1917		67	YRS.	DATE DATE	, , , , , , , , , , , , , , , , , , ,
	1 10	7a. B	RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY	8	D NEVER MARRIED	9 BALTIA	AORE CITY OF	COUNTY	OF DEATH	
	# ST 9		larvland		II.S.A		WIDOWE			ince Ge	eorge	County	y MD.
	1 11 1/		ITY OR TOWN OF DEAT	TH	11. NAME OF		NG HOME	OR OTHER INSTITUTION		AL OCCUPATION			OF BUSINESS OR
6	to 19 100		A PLATA,		PHYSIC	CIANS M	EMORI	AL HOSPITA		sewife		II II OSTKI	none
BALTIMORE, MARYLAND 2120	be a be	USU 13¢.	AL RESIDENCE (IF NURSIF	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	136 INSIDE CITY LIMITS?	113e STREE	ET ADDRESS		6	10001
QN.	fille ould				ceGeorge			YES NO		e 925 I	2.0. I	30x 160	DA
X.	ately 2 sh		ATHER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDEN N	AME	WIDDLE			AST
MA	ond ond	D	ennis		ilton	Thoma	as	Ruth		E		Jamiso	on
SRE,	dicol ficol		WAS DECEASED EVER I		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	2	210 IL)1 CE	
J. WC	Poge exe		no	(" ' C S, G	0.0.0.0.0	777-34-7	7778	Nettie M. Jor	nes W	218 Hurashingt	on Do	20020	
BALT	oste by section of the by sect		18 CAUSE OF DEATH	(Enter on	ly one cause per	line fogla , (b), a	nd icitis	Alint	-			BETWEEN	NONSET AND DEATH
7	rtific phy on po emo		PART I. DEATH WA		E CAUSE (o)	Care	war	Wilst					
PRESTON ST	h ce sorbing or r				DUE TO, O	R AS A CONSEQ	ENCE OF	+	1-1	-	. 1		
EST	deorte ove ove tion,		Conditions, if any,		(b)_	Mu	~ /	Capualon	dest	uss on	maro	me	
g.	the remo		gave rise to imm cause (a), stating	g the	DUE TO, O	R AS A CONSEQU	JENCE OF			(,	17. 5	
5	that d by ease ol, c	1	underlying cause	lost.	(c)								
5, 201	gne gne buri buri	7	PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISE	ASE OR CONE	DITION GIV	EN IN PART	Ita
DIVISION OF VITAL RECORDS.	requestre since or to	IFICATION							100 44	JTOPSY?	Teer IF VE	. WERE FIND	1105
REC	low low	N S	190 DATE OF OPERAT	ION	196. COND	ITION FOR WHIC	HOPERATIO	N WAS PERFORMED			IN CERTIF	YING CAUSE	S OF DEATH?
¥	The cion sit p sit p gien	CERTI	21g. ACCIDENT WAS UND		1 216, TIME C	VOLULIAL 34		21c. HOW INJURY OCCU	YES _			S	NO []
>	shys obys		OR CONTRIBUTING			M. MONTH	DAY YEAR	ZIC HOW INJURY OCCU	KKED (ENTER	NATURE OF INJUR	IY IN ITEM IB P	ART TORPART 2)	
O Z	SICI nog pringle pring	MEDICAL	(IF EITHER, NOTIFY MEDIC			M.	19	211 LOCATION					-
Sio	PHY tendi	WED	216. INJURY OCCURR		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TOV	WN	COUNTY	STATE
DIV	ING After os t lith o	1	AT WORK AT WOR	к			73	12/15/4		17/74	104	2.52	
	END olo OR. Tuse Heo		22a.1 certify that (1) saw the decease		1-71-	e deceased from		nd that in (my) (our) apinia	n death occu	trad on the de	and hou		, that (h (we) last
	ATTI Ospit d for d for m 21		obove, (I) (we see 22b. SIGNATURE	did no	I ville the body			DEGREE	-/	Trea on the ao	ne dila ilab		E SIGNED,
	OR OCHE OCHE DIRE		228. SIGNATURY	1	VII.			ATTENDING	MEDICA			12	120/41
	ITAL by the RAL RAL NT:	-	224 PHYSICIAN'S NA	AID	III	<u>/</u>		PHYSICIAN 22+ ADDRESS	DIRECTO	OR PHYSIC	IAN	110	13-107
	HOSPITAL (ined by the FUNERAL I wild be deto the the Store I ORTANT: #		ROBERT			ACE M	D		MD	2000	4		
	Should with the PO						, D ,	WALDORF,		2060	Т		
		23a	BURIAL, CREMATION, I	REMOVAL				EMETERY OR CREMATORY		CITY OR TOWN		COUNTY	STATE
	BP	24.5	Buria:		Jan 4,	1985 A	rlingt	GOOD HOPE	Ar.	lington	25h REGIST		Virginia
D	HMH - 16 50M 4/B2	14 7	NAME NAME	A CLOSE	THE PARTY A.	ADDRESS	TOOT	WASH, D. C.A.	1 0	1985	whia Da	inda 7	Ondate.
	(VRA 15, 4)		CODERT G. M	MOGA	FUNERAL	HOME I	m. 2. E	WASH, D. C.		-	-	a freedom amb	The state of the s

1991 GOOD 1991 A State of the Sta MACOUNT C. LANGE TOWNS HOW HOLE. N. WARL, D. C.A. FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 4 4 2

ч		REGISTRAR			CERTII	ICAIL OI DEATH	REC	NO.			
		EASED NAME FIRST	•	MIDDLE		LAST	26. DATE OF DEAT	MONTH	DAY	YEAR	2b. HOUR
	(I THE	OR PRINT)	RD W.	MILLE	2			12	07	84	4 04A M
1	3. SE>		4. RACE	_	5. DATE O		6. AGE (IN YEARS LAS	T BIRTHDAY)		DER I YEAR	
		MALE	WHI	ľE	JUN		32	YR			HOURS MIN.
100		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8.	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COU	NTY OF	DEATH	
2		MD.	USA		WIDOWI		PRINCE	GEORG	E'S	COUN'	TY MD.
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	126 USUAL OCCUP			NOUSTRY	OF BUSINESS OR
	-	EVERLY	PGG HOS	PITAL A	ND MED	ICAL CENTER	Labor		_	ruck	ing
	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	ITY	13c. CITY OR TO	WN	1136. INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP CO	ODE		
1	Md		orge	Hyatts	ville	YES X NO		th Av	e.	207	82
1		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME			LAS	ST
4		William T.	WIDDLE .	Miller		Helen			agha		31
-		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SE	CURITY NO.	17 INFORMANT	g\e	PESS Ta			
		no or unknown) 1 if yes, giv	E WAR OR DATES)	216-60-	-3282	Helen C. Dun		ither			d. 20879
1		18 CAUSE OF DEATH (Enter on	ly one couse pe	r line for (a), (b),	and (c).)	4					ONSET AND DEATH
		PART I. DE ATH WAS CAUSE	D BY: E CAUSE (o)	cara	is re	speralory	arres	1			
	H	(MATTLE IN)		D . C . CONICEO	HENCE OF	0 . 0	1. 1.	-	(
		Conditions, if any, which	OUE TO, C	OR AS A CONSEC	DENCEUE	al aleular	lic leve	n de	acres	-	
	ш	gove rise to immediate	(b)_	7	7) access					
		couse (a), stating the underlying couse last	DUE TO, C	R AS A CONSEG	UENCE OF						
	il		(c)								
	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS C	ON I KIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR C	ONDITION	GIVEN II	V PARI II	a,
	CERTIFICATION	19a DATE OF OPERATION	19h COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h 1F	YES WE	RE FINDI	NGS USED
-	5	174 DATE OF OPERATION	170. CONE	THOR TOR WITH	OI EKAIIC	NA WASTERI ORMED		IN CEI	RTIFYING		OF DEATH?
	E					To the second	YES NO		YES [NO []
		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	110110 4	.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM	IB PART I	OR PART 2)	
	8	(IF EITHER NOTIFY MEDICAL EXAMINER		.M.	19						
	MEDICAL	21d INJURY OCCURRED		OF INJURY	E CARM STC 1	211. LOCATION STREET	CITY	RIOWN		COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK	(Al trone, si	ALLI, TACTORI, OTTAL	e, mam, ere j						
		220.1 certify that (I) (this hospit		he deceosed from			to				that (1) (we) lost
		sow the deceased alive on above, (1) (we) (diel) (did no	t) view the body	ofter death.	84_, 0	nd that in (my) (our) opinion o	death accurred an th	e date and	hour one	from the	causes stated
j		226. SIGNATURE	- /	1		DEGREE				?2c. DATE	SIGNED
		Tale	ence	Eamo	ra	ATTENDING PHYSICIAN	MEDICAL S	SICIAN D		12	17/84
	i	22d. PHYSICIAN'S NAME (TYPE O	RPRINT)	0		22e ADDRESS			<u> </u>	11	
ш											
		FABIAN	ALZ	AMO	RAMI	PGGH	+ MC	Che	eve	rey	, MD
	23a. 8	FABIAN SURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	AL Z	0,1984 23	RA MI	PG GH CEMETERY OR CREMATORY	23d. LOCATION	Che	eve	UNITY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

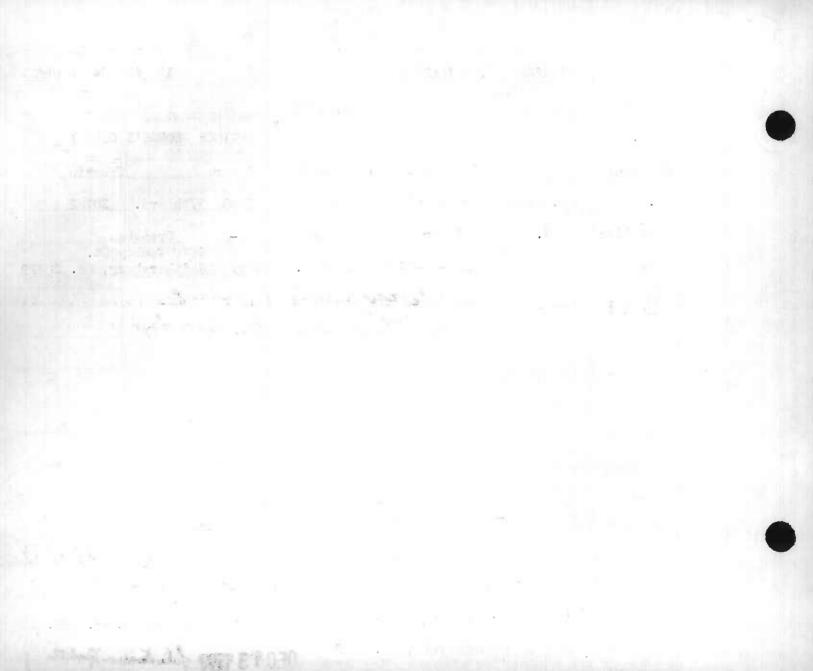
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MPORTANT: If Hem 21 is morked or Hem 18 shows ony

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health.

74 FUNERAL DIRECTOR
FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

350. DATE REC'D. BY REGISTRAR 356 REGISTWAR'S SIGNATURE



STATE OF MARYLAND FOR - STATE

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ы		REGISTRAR				CLKIII	CATE OF DEATH	REG. NO	O.			
ı		EASED NAME	FIRST	N	NIDDLE	1	ASI	2a DATE OF DEATH	MONTH D	AY YEAR	26. HOU	R
1	litre	OR PRINT)	Agnes	Man	rgaret	MILI	S	November	27	,1984	1:25	Ам
J	3. SEX		14	RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS		24 HRS
I	F	emale		Whi	te		ust 31, 1921	63	YRS	0	700.5	71114
1		THPLACE (STATE)	OR FOREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8.	NEVER MARRIED	9 BALTIMORE CITY O	_			
4	Ma	ryland			.A.	WIDOWE	D DIVORCED	Prince	George	s. S	21100	MD.
Ž,		Y OR TOWN OF	EATH				OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINE	SS OR
7	2	Lanham			_		Pr. Geo. Co.	Aid			oital	418
2	USUA 130. ST	L RESIDENCE (# N	URSING HOW! CIT O	THER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION) TOWN	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	Lot#1	9 -1.	rons
1		ryland	Anne	Arundel	Lothi	an	YES X NO	Creek Mobi	1 Home	Estat	es 20	711
2	H FAT	THER'S NAME FIRST	MI	DD1E	LAST	ī	15 MOTHER'S MAIDEN NA	ME		LA	.S1	
	/Wi	lliam			Beave	ers	Virgie			Penr	1	
		AS DECEASED EV		ED FORCES?		SECURITY NO.	17 INFORMANT	ADDRE	SS Add	ress S	ame a	as
-	No				218-3	50-2702	Mr. Leonard	Mills	No#	13e.		
		II. CAUSE OF DE	ATH (Enter only	one couse per	line for (a), (b	ol, and New I	4-			BETWEEN	XIMATE INTER	DEATH
1		PARTI, DEATH	WAS CAUSED IMMEDIATE			M	with					
1				DUE TO OF	AS A CONS	EQUERICE OF	A _A	- 0		1.		
1		Canditions, if D	ny, which	((b)	N	retast	also med	some	Con			
1		gave rise to	mmediate	DUE TO OF	AC A CONS	EQUENCE OF		0				
		underlying car	-	(6)	AS A CONS	SEGOEIACE OF				-		
		PART 2. OTHER S	GNIFICANT CO	NDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1	la la	
	N N			Million								
7	CERTIFICATION	19a DATE OF OPE	RATION	196. CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FIND		
-	Ĕ			1.33				YES NO	YES	ING CAUSE	NO [
Ä	8	21a, ACCIDENT WAS	UNDERLYING	216. TIME O			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	TY IN ITEM 18 PA	RT T OR PART 2)		
7		OR CONTRIBUTING	_			DAY YEAR						
4	MEDICAL	(IF EITHER NOTIFY M		P./		19	211, LOCATION					_
4	ME	WHILE NOT	WHILE	(AT HOME, STR	EET, FACTORY, OF	FFICE, FARM, ETC.)	578657	CITY OR TO	WN	COUNTY	51	TATE
			WORK	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		om a Ae	10	Mou	27	5	1 /	7
П		22a I certify that	ared align become	1200	60		nd that in (my) (our) opinion	depth accurred on the de	ate and haur	and from the	causes sto	ve riasi
١		226 SIGNATU	(did) (def ort)	view the body	ufter death		DEGREE				ESIGNED	
J		IN SIGNATO	MI	la d	AT.	ND		MEDICAL STAI	F		27/84	
Н		224 PHYSICIAN'S	NAME (THE DAY	MNI)	20.00	1	22a ADDRESS					
		D	J.	HAID	AK 1	u)	6525 Belcre	est Rd. #460	, Hyat			
-	22a Bi	URIAL, CREMATIO	NI DEMOVIAL	225 DATE		22. NIA44E OF C	EMETERY OR CREMATORY	1234 LOCATION		-	20782	
h		SPECIFY)		23b. DATE	1004			CITY OR TOWN	-	COUNTY		TATE
		Buri	aı	Nov.29	1984	Ft. Lin	coln Cemetery	Brentwoo	a P	G.	Mary]	land

DHMH - 16 50M 4/83

(VRA 15, 4)

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retained by the haspital or attending physicia

MPORTANT: If them 21 is morked or TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

24 FUNERAL DIRECTOR

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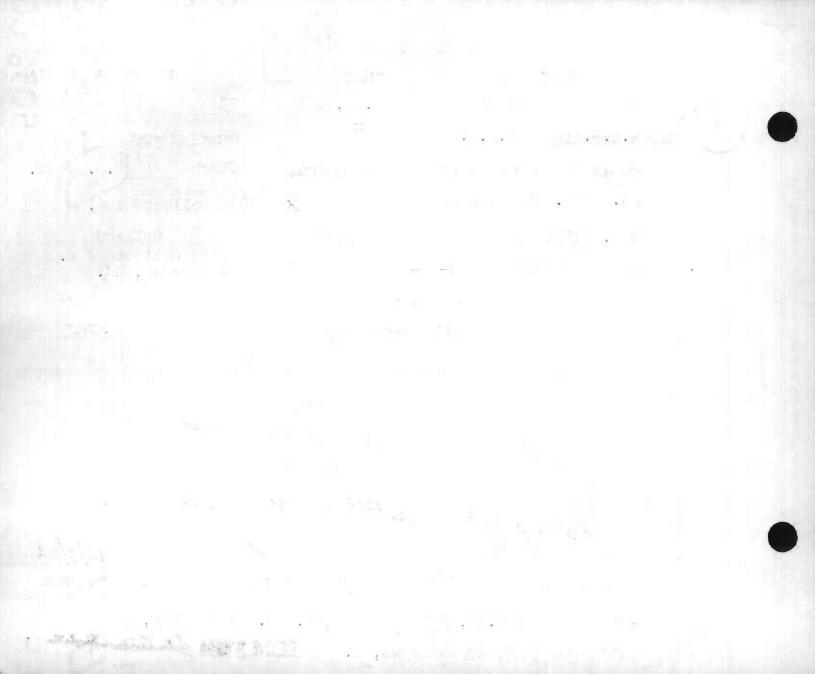
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH FOR STATE REGISTRAR

- 1		NE O ISTATA				REG. N	J.		
1		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	,	JACOE	3	M	ILLS		12 (08 84	10;51AM
	3. SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAY	
1		Male	Black	Oct	.23,1911	73	YRS.		, noons
9	7a BIF	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MADDIE	ED X NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
	No	rth-Carelina	U.S.A.	WIDOW		PRINCE (SEORGE	ES	MD.
1	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND	OF BUSINESS OR
		CHEVERLY			AL HOSPITAL	Clerk		INDUSTR	Govt.
1	USUA 130. S	AL RESIDENCE (IF NURSING HOME OF	rother institution give residence before III. CITY OR TOW Georges Glenard	N	13d. INSIDE CITY LIMITS?	7825 Del	ZIP COD		1001
1	1	ohn R. Mills	MIDDLE 1AST		15. MOTHER'S MAIDEN NA FIRST Emma:	WIDDIE	Ho:	lland	LAST
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	782 ⁴⁵ DRI		wood A	Ave
		yes WW		2447	Marva Mill	S Glena			
		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), one					APPRO BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o) CARD	IAC	ARREST			1	MV5.
			DUE TO, OR AS A CONSEQUE	NCE OF				160	
		Conditions, if ony, which	((b) CARDIC	myo	94744			16	rs.
1		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
		underlying couse lost.	((c)						
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DE ATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GI	VEN IN PART	lio
_	CERTIFICATION	MOLTA GEOGRAPHICA	196 CONDITION FOR WHICH	OBERATIO	AND WAS DEDECTION	20a AUTOPSY?	201 IE VE	S. WERE FIND	NINICC LISTS
4	FICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED		IN CERTI	IFYING CAUSE	ES OF DEATH?
_	RT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		11- HOW BUILDY OCCUP	YES NO		ES 🗌	ио 🗌
		OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RI METT MITS	PART OR PART 2	,
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	19	21f LOCATION				
	MEC	WHILE NOT WHILE	THE PLACE OF INJURY	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK			216 06	12/0		10 84	
		saw the deceased alive on	ital) attended the deceased from	14	and that in (my) (our) opinion	death occurred on the d	ote and ha		_, that (I) (we) lost
		ubove, (I) (we) (did) (did oc 27) SIGNATURE	t) vie othe book after death.		DEGREE				TE SIGNED
		10/1/1/1	llust as		ATTENDING	MEDICAL STA		12	lalas
_		724 PHYSICIAN'S NAME (I'M C	on because y		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC		16	1116
		MARIC PA	RKHURSTM.D.			r. AVB. Co	LEGI	e parl	K MD.
		BURIAL, CREMATION, REMOVAL SPECIFY)			CEMETERY OR CREMATORY	23d. LOCATION CITY OR JOWN		MA	STATE
	,	70 1 7	Dog 72 States	+ 1 am	ham Nat Cam	Chatlan	O - TO	MA	

DHMH - 16 50M 4/83 (VRA 15, 4)

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8914 Quarry Rd 250 Date RECID. BY REGISTRAD RECU Manassas, Va. DEC 1'S TOTAL RECU



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-E. Helen Moody DEATH MATED 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS OF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED White Female Oct. 9, 1911 73 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Cally WIDOWED T DIVORCED Kentucky D CITY OR TOWN OF DEATH WAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Pr. FOR MOST OF WORKING LIFE) Nurse Cheverly Geo.Gen.Hosp. JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Cheverly 6423 Landover Road #102 20785 Maryland P.G. NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Elsie Merrill Clarence Coon 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 435 Riker Road 166 SOCIAL SECURITY NO IT. PAGES IN DIVISION ((YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Barbara A. Richards Elkridge, Md. 267-24-3746 18. CAUSE OF DEATH (Enter only one couse per tige far (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which 0 gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? BURK YES [NO 4 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY OF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY WHILE AT WORK 2 22a I certify that I took charge of the remains desembed above, held on Autopsy and in my opinion death resulted from: ANatural couses Accident Suicide Hamicide Undetermined monner TITLE (SPECIFY) Deputy EXAMINER'S NAME (TYPE OR PRINT) Augusto P Rayburn Ct. Temple Hills Md 230. BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Maryland BP Cremation Jan. 2.1985 Ft. Lincoln Crematory Brentwood 24 FUNERAL DIRECTOR **DHMH - 17** F. Gasch's Sons F.H. P.A. Hyattsville MAR (VR A15 ME (5)) 20M 4/B2

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BP. DHMH - 16 50M 4/83

injury, or other troumotic event, the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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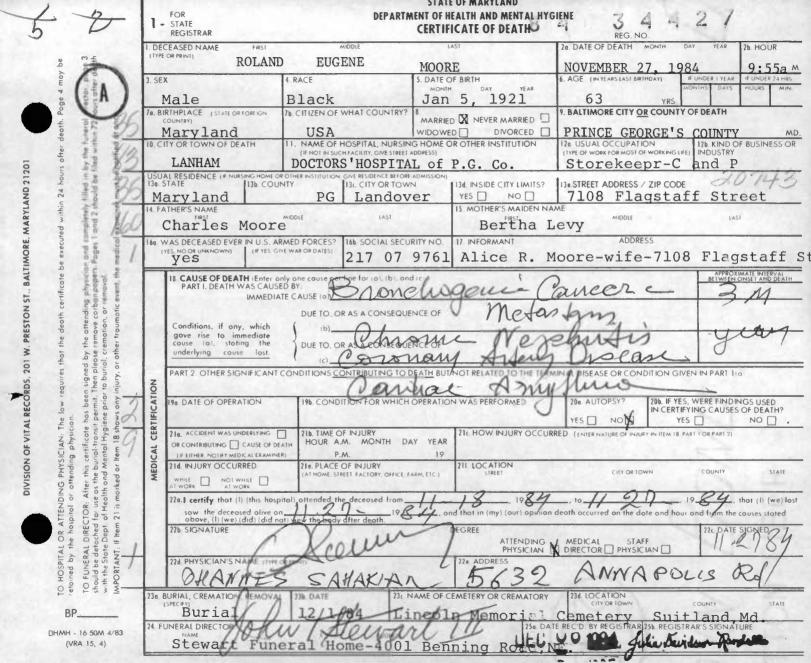
	STATE REGISTRAR				CERTIF	ICATE OF DEATH	-	REG. NO.	The state of	
DEC	CEASED NAME	FIRST 1	/argueri	itte	l	Moore	20 DATE O	F DEATH MONTH	DAY YEAR	26 HOUR
			MOORE				12/2	2/1984		403
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4 FA	THER'S NAME FIRST		AIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE		
Joh	n A. Sween	ey ~	AIDDLE	LAST		Kate E. C	cooke	MIDDLE	LAS	51
6a W	VAS DECEASED EVER IN			16h SOCIAL SECU	RITY NO.	17. INFORMANT	1000	ADDRESS		
NČ	VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	N/A	WAR OR DATES)	578-30-	8556	H. Keene Moo	re, 32	37 Highlan	nd Lane.	Fairf
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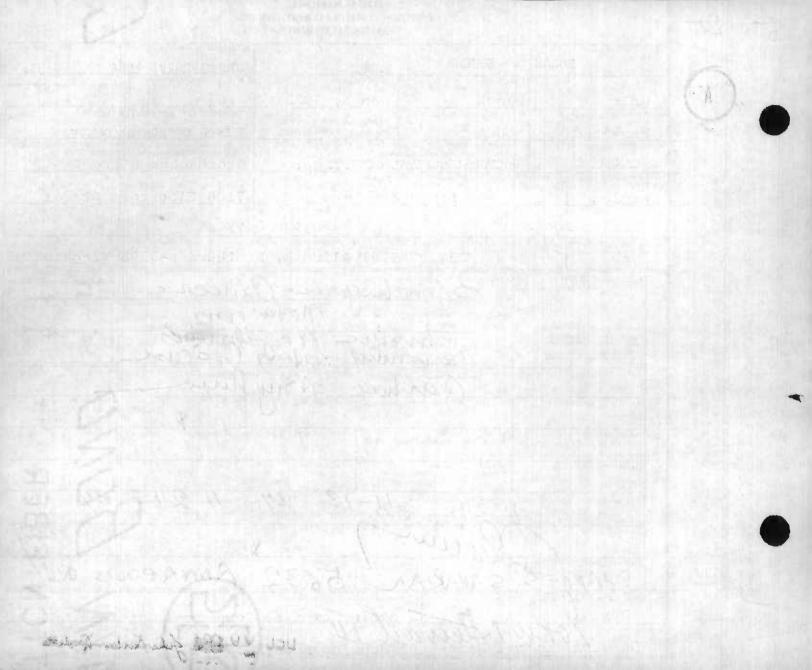
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED & AGE (IN YEARS IF UNDER 24 HRS 24 HOU 2c. DATE LAST BIRTHDAY) PRONOUNCED a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX Onto United States Prince Georges WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Animal Worker Cheverly Zoo USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2317 Sunnybrook Rd Portage 13d. INSIDE CITY LIMITS? THIO NO K YES 🗌 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Kirby Billy Moore Wanda 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS NO OR UNKNOWN) 268 70 6203 Wanda Moore Same as above 18 CAUSE OF DEATH (Enter only one cause per la ar (a) (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE AS A CONSEQUENCE Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 2TC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) CONTRIBUTING CAUSE OF DEATH WHILE AT WORK 22a I certify that I took charge of the remains described above, held death resulted fram-Notural causes Accident Suicide Homicide ___ Undetermined manner TITLE (SPECIFY) M.D. Deputy _MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Temple Hills. Md. Mugusto P. Rodriguez, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Dec.13,1984 Greenlawn Cemetery Ohio Akron, 24. FUNERAL DIRECTOR Ives-Pearson Funeral Homes Falls Church, Va. 22046

STATE OF MARYLAND

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A PER	3. SE)	4 RACE		5. DATE OF BIRTH	6. AGE	IN YEARS IF UN	DER 1 YR. IF UNDER		MÖNTH	DAY YEAR 2d HOUR
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NECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,		clahoma		U.S.A		WIDOW	4.4	- Dwawa	e Georg	ges,
2000	10. CI	TY OR TOWN OF DEATH			PITAL, NURSING H		ER INSTITUTION			126. KIND OF BUSINESS
(30 May 200		eltsville		4305 Tau	nton Dri	ve		Supervis	or	Warehouse
BALTIMORE, MD. 21201 S AFTER DEATH. IF AND GIVE PAGES 1, 2, AND 3 THA PORM PM 3. IFTAN PAGES 1 AND 2. SHA UND INVISION OF VITAL RESERT	13a. S	AL RESIDENCE (IF IN NURSII TATE aryland 13	COUNT P.(Beltsvi		13d INSIDE CITY LIMITS? YES NO	4305 Taun	ton Dr	ive 20705
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AND		John		MIDDLE	Moran		Eilizab	eth -		EAST
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HE BENEFICE		death resulted from	Nature	ol couses X,	Accident	Suicide	, Homicide	Undetermined manner	L.	
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A HAN HAN	10	SIGNATURE //D	gun	1 / 100	angue	M	D. Deputy	MEDICAL EXAMINER	DATE SIGN	ED 12-8-84
NO SE		EXAMINER'S NAM		/	1 1					
A LTI A LTI		(TYPE OR PRINT)	Augu					ayburn Ct.,	Temple	Hills, Md.
ZUZZE9	23a.B	URIAL, CREMATION, REM	OVAL 23				RCREMATORY	236 LOCATION CITY OR TOWN		UNTY STATE
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11/		3 - 7 - 70 7 - 1RS. 12	20 1984 6:237
19	REIGN COUNTRY)	MARRIED HEVER MARRIED	
			7.10
10 CI	IY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK I FOR MOST OF WORKING LIFE)	2h KIND OF BUSINESS OR INDUSTRY
		13176 LARCHDALE ROAD STUDENT	
		134 CITY OF TOWN 134 INCIDE CITY LIMITED 134 STREET ADDRESS	77
N	ARYLAND PRINCE	FUTORGE LAURAL YES IN NO 13176 LARCHMONT	1180x DAD11
14. FA	THER'S NAME	15. MOTHER'S MAIDEN NAME	LAST
J	DHU E. MOSEL	EY BRENDA GORDON	
		D FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	20811
	No	MRS BRENDA MOSELEY 13176 LAK	ZCHMONORD
	18. CAUSE OF DEATH (Enter only o	one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		(DUE TO, OR AS A CONSEQUENCE OF cerebellum	n
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2	AT WORK AT WORK	Control Contro	THE STATE
		of the remains described above held an Autonsy VY Inspection Inquiry and in my and	nion
	Geomics Wall. (Adjord)	1/0	
	ACTUAL SIGNATURE		12/20/84
		ASSISTANT MEDICAL EXAMINER SIGNED	12/20/04
	EXAMINER'S NAME (TYPE OR PRINT) Gre	egory R. Kauffman, M.D. ADDRESS 111 Penn Street, Balto, MD	21201
	JRIAL, CREMATION, REMOVAL 236.	DATE 1236 NAME OF CEMETERY OF CREMATORY 1236 LOCATION	
15	70	CITY OR TOWN COUNT	STATE
24. Ft	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIG	GNATURE
1			m-Randell
	BIB BIS STATE OF THE PROPERTY	REGISTRAR DECEASED NAME ITYPE OR PRINT) VINCEN BIRTHPLACE (STATE OR PREGISTOWN OF DEATH LAURE USUAL RESIDENCE (IF IN NURSING HOME OR OR 130 STATE USUAL RESIDENCE (IF IN NURSING HOME OR OR 131 STATE USUAL RESIDENCE (IF IN NURSING HOME OR OR 132 STATE USUAL RESIDENCE (IF IN NURSING HOME OR OR 134 FATHER'S NAME PRINT PRINT AND 18 CAUSE OF DEATH (Enter only or PART 1 DEATH WAS CAUSED B IMMEDIATE (Conditions, if only, which gove rise to immediate couse (a) stoting the under- lying cause last. PART 2 DTHER SIGNIFICANT (ONOTIONS (ON 190. DATE OF OPERATION 191. DATE OF OPERATION 192. Lecrify that I took charge of death resulted fram: Natural ACTUAL SIGNATURE EXAMINER'S NAME (EXAMINER'S	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MOSALEY DEPARTMENT OF MEALTH AND MENTAL HYGIENE DEPARTMENT OF MEALTH AND MENTAL HYGIENE DEPARTMENT OF MEALTH AND MENTAL HYGIENE MOSALEY MOSALEY THE UNDER 2 FLET TO A DATE KNOWN MOSHIELY TO A DATE KNOWN

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		KATHLEE		Muk	PILY	12 1	IF UNDER 1 YEAR IF UNUER 24 HRS
	3 SEX		4. RACE	5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS UAYS HOURS MIN.
	100 045	RTHPLACE (STATE OR FOREIGN	Caucasian 76 CITIZEN OF WHAT COUNTRY	0/0	9 04	80 YRS.	OF DEATH
1		OUNTRY)	The CHIZEN OF WHAT COUNTRY	MARRIED LI N	EVER MARRIED 📙	F BALTIMORE CITT OR COUNTY	OF DEATH
0	10 C11	TY OR TOWN OF DEATH	U.S.A.	WIDOWED THE	DIVORCED	Prince Georg	IZE. KIND OF BUSINESS OR
1	1	ARGA	(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)		FOR MOST OF WORKING LIF	EL INDUSTRY
-	USUA	AL RESIDENCE (IF NURSING HOME OF	TOTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		Supervisor	U.S.Gov't.
<	130 S	PARMIAND 136 COUN				13 STREET ADDRESS / ZIP CODE . 9706 22nd Ave	enue 20783
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6	1	Limas	MIDDLE GUINGSON	: +4 1	FIRST	WIDDLE	Goldsmith
	160. W		MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INF	ORMAN DAU	SHTER ADDRESS	GOTGS MIT LIT
	(4	res. noor unknown) (if yes, giv	ve war or Dates) 21942	3775 Sh	irley M.	Lee, Same as	Line #13
		18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), a	nd to 1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (a)	mpiac	mnn	551	
			DUE TO, OR AS A CONSEQU				
		Canditions, if any, which	((b) MYO	CAUNIA	L IM	ETICITON	3 weeks
		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	UENCE OF	ANDM	INIC ME	1 (420 6
			(c) CONTRIBUTION YOU	01010107	LATED TO THE TERMI		6 4713
	N	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	MIA		many condition give	M/SIC
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS		200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
<	TIFIC					YES NOW YE	YING CAUSES OF DEATH?
_	CER	210. ACCIDENT WAS UNDERLYING			OW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART ?)
1	CAL	OR CONTRIBUTING CAUSE OF DEA	AIR	19			
	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY		STREET STREET	CITY OR TOWN	COUNTY STATE
	_	AT WORK AT WORK					/4.
			ntal) attended the deceased from	MA	1979		19, that (I) (we) lost
		saw the deceased alive an obove, (I) (we) (did) (did no 22b. SIGNATURF	at view the bady after death.			eoth accurred on the dote and hou	22c. DATE SIGNED
		MILE	am in	AN EGREE	ATTENDING	MEDICAL STAFF	
		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e A	DDRESS	DIRECTOR PHYSICIAN	12-16-84
		Nr.1 A	. Mede		LAURE	e/ MANY/	mo
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETER	RY OR CREMATORY	ZH. LOCATION	in to the
		Burial	12-19-84 S	t. Tonat	iusCem.	Chapel Poin	county Marian Md.
	24 FU	JNERAL DIRECTOR	1 11	45.000		RECID. HY HIGH WIREGIST	TRAR'S SIGNATURE
		I THINK LIFT -1	A A A A A A A A A A A A A A A A A A A				

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remaye carbanpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAC BY FOLD	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	WILLIAM	Eugene	MURPH	iY .		12 07	7 84	11 05A
3. SEX	4 RACE	7.	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST B	RTHDAY)	MONTHS DAYS	HOURS MI
Male	Whi	te	Jan	11, 1922	62	YRS.		
74. BIRTHPLACE (STAT	E OR FOREIGN 76. CITIZEN	OF WHAT COUNTI	RY?	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
Washingto		TCA.	WIDOWE	D DIVORCED	PRINCE	GEORGI	ES COUN'	TY .
10. CITY OR TOWN OF CHEVE	RLY PR	INCE GEOR	GES GEN	ROTHER INSTITUTION IERAL HOSPITAL	120. USUAL OCCUPA (TYPE OF WORK FOR MOST dminist)	OF WORK RE	12b. KIND C INDUSTRY	ov't
Maryland.	NURSING HOME OR OTHER INSTITU 13b. COUNTY Pr. George	13c. CITY OR T		13d INSIDE CITY LIMITS? YES NO [13e STRFFT ADDRESS	/ ZIP COD	h Avenu	e 207
14 FATHER'S NAME		LAST		15. MOTHER'S MAIDEN NA	ΛE			7
	ilton	Muri	nhv	FIRST Gra	MIDDLE		Cogar	
	VER IN U.S. ARMED FORCE		N	17. INFORMANT	ADDI	RESS A.A.	dress S	
(YES, NO OR UNKNOWN				Mrs. Mary M.		Au	# 13e,	ame as
III CALISE OF D	EATH (Enter only one couse	ner line for (n) (h)	and (c))				APPRO	MATE INTERVAL ONSET AND DEA
PART I. DEAT	H WAS CAUSED BY	m 1		emono a	and		BETWEEN	ONSET AND DEA
Conditions, if gove rise to couse (o), s underlying co	ony, which (D, OR AS A CONSE	Clin	ahosis & h	ege An Col	engh.	lg 13	
gove rise to couse (o), s underlying country of the PART 2 OTHER	ony, which immediate toting the ouse lost to SIGNIFICANT CONDITION	D, OR AS A CONSE D, OR AS A CONSE D, HEST DISCONTRIBUTING	OUENCE OF TO DEATH BUT TO LEATH BUT TO LE	NOT RELATED TO THE TERM		NDITION GI	IVEN IN PART 1	NGS USED
gove rise to couse (o), s underlying country of PART 2 OTHER	ony, which immediate toting the ouse lost to SIGNIFICANT CONDITION	D, OR AS A CONSE D, OR AS A CONSE D, HEST DISCONTRIBUTING	OUENCE OF TO DEATH BUT TO LEATH BUT TO LE	NOT RELATED TO THE TERM	INAL DISEASE OR CO.	20b. IF YE	VEN IN PART 1	NGS USED
PART 2 OTHER 190 DATE OF OP 216. ACCIDENT WA	ony, which immediate toting the ouse lost. SIGNIFICANT CONDITION ERATION 19b. CC SUNDERLYING 21b. TIMEDICAL EXAMINER)	DO, OR AS A CONSE. DO, OR	OUENCE OF TO DEATH BUT ICH OPERATION	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURE	200 AUTOPSY? YES □ NO	20b. IF YE	ES, WERE FINDI	NGS USED S OF DEATH?
GOVE rise to couse (o), s underlying counderlying counder	ony, which immediate toting the ouse lost (c) SIGNIFICANT CONDITION ERATION 19b CC SUNDERLYING 21b TIME CAUSE OF DEATH HOUI MEDICAL EXAMINER) CURRED 21e PL THE PL TH THE PL TH THE PL TH THE PL TH TH TH TH TH TH TH TH TH T	DO OR AS A CONSE	OUENCE OF TO DEATH BUT ICH OPERATION DAY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES □ NO	20b. IF YE IN CERTIL Y	ES, WERE FINDI	NGS USED S OF DEATH?
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GOVE rise to couse (o), s underlying (if either, notify 21d. INJURY OCC (while couse of the couse of the couse (i), s underlying couse (ii), s underlying couse (ii), s underlying couse (ii), s underlying couse (ii), s underlying couse (iii), s underlying (iii), s underlying couse (iii), s underlying (iii), s underlying couse (iii), s underlying (ONY, which immediate totaling the ouse lost. SIGNIFICANT CONDITION ERATION 19b. CC SUNDERLYING 21b. TIM HOU! CAUSE OF DEATH MEDICAL EXAMINER) CURRED 21e. PL. TO WHITE 14 HOW ORK OT (I) (this hospital) ottende repréed dive on me) (did (did not) view the E	DO, OR AS A CONSE	OUENCE OF TO DEATH BUT ICH OPERATION DAY YEAR 19 KEE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211 LOCATION STREET 19 At that in (my) (our) opinion of the company	200 AUTOPSY? YES NOTED (ENTER NATURE OF IN) CITY OR 1 DEDICAL ST. DIRECTOR PHYS	20b. IF YE IN CERT! Y URY IN ITEM 18	ES, WERE FINDI IFYING CAUSES (COUNTY) 19 19 19 19 19 19 19 19 19 1	NGS USED OF DEATH? NO STATE that II (we) couses stated

DHMH - 16 50M 4/83 (VRA 15, 4)

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Francis Gasch's Sons, PA Hyattsville, Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 6 AGE (IN YEARS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED GEORGES HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS ENGINEE NEWTON St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? NEW CARROLLTER 18 CAUSE OF DEATH (Enter only one couse per line for (a), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190. DATE OF OPERATION ITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT CORUS YES [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY LAT HOME 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE TO MELY.

EXECUTE THE CL.

PAGE 4 SHOULD BE 1TO FUNERAL DIRECTOR:

ATTER DEATH, WITH THE

ALTIMORE, MARYLANT 220 I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Notural causes Accident Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME Augusto P. 5009 Rayburn Ct., Temple Hills, Md. Rodriguez, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE BP. **DHMH - 17** (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0 4	610.3	U	-
REG, NO.			

	1-	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 3	4	3 3		
H		CEASED NAME FIRST	A	AIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR	1
	1	James	Augus	tus	NORE	RIS	December	25,198		6:15	Ам
	3. SE)		4 RACE		5. DATE C		& AGE (IN YEARS LAST BI		FUNDER I YEAR	# UNDER 2	A HRS
		Male	White			st 2, 1903	81	YRS.		HOURS	min.
6		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
0		assachusetts	U.S.		WIDOWE		Prince Ge			-	MD.
1	10_C1	TY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINES	SOR
2	1	anham				Pr. Geo. Co.	Retired (-		ury D	ept.
2	13a S	AL RESIDENCE HE NURSING HOME OF STATE 136 COUR		GIVE RESIDENCE BEFOR 13c CITY OR TOW Hvatts	/N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5405 39th		2078]		
		THER'S NAME	• U •	nyaccs	1116	15. MOTHER'S MAIDEN NAM		I AVE	20101		_
4	Je	ohn FIRST	J.	Norris		Mary	MIDDLE	C	lintor	SI 6	
1	-	VAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU		17. INFORMANT	ADDR		ess Sa		
1	- 0		cetime	031-10-	4470-	M Mrs. Kather:	ine Tle	No#			1
		18 CAUSE OF DEATH (Enter or		-			118	1		ONSET AND	A TH
		PART I. DEATH WAS CAUSE		dever	de	roun obil	ruche t	uch	8/2	11.82	
		IMMEDIA		DACA CONCEOU	ENICE OF		diren	1	13/		
		Conditions, if any, which		2 Hen b		woh. her	of dona	5-	129		
		gave rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQU	ENCE OF			.1.17,	1		
	4	underlying cause last.	100-6	that f	Bric	set auen	cery whim	Laste	20	May	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	DITION GIVE	N IN PART I	0	
1	CERTIFICATION										
1	CAI	190 DATE OF OPERATION	1% COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FIND		
	RTIF						YES NO	YES		NO [
1	1	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	216. TIME O HOUR A.	FINJURY M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT T OR PART 2)		
	S	(IF EITHER, NOTIFY MEDICAL EXAMINE		M.	19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE ((AT HOME, STR	OF INJURY	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	57	ATE
	~	AT WORK NOT WHILE				21 01		24	10	11111	
		220.1 certify that (I) (this hosp	10 . 1/1	deceased from	Milly	20 1987	to per	1	9	that (1) (w	e) lost
		saw the deceased alive or above, (1) (we) (did) (did/no	ot) view the body	ofter death.		nd that in (my) (our) opinion o	deoth occurred on the c	ate and hour			red
		22b. SIGNATURE				DEGREE	- MEDICAL STA	FF	27c. DATE	SIGNED	100
		VIL	2/1	4			MEDICAL STA	CIAN	Des	2)411	114
	100	22d PHYSICIAN'S NAME (TYPE				22e ADDRESS					
		Till Bergeman				115 Centerw		elt, M	arylan	nd	
		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	51	A1E
		Burial	Dec.29	1984 Mc	unt 0	livet Cemeter	y Washingt	on, D.	C.		

DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT: If frem 21 is

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland DEC

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120	1.	STATE REGISTRAR	DE		ICATE OF DEATH	REG. NO.	3 4
noy be good by a deoth	1. DE	CEASED NAME FIRST Christopher	MIDDLE C.	0' m	alley	20. DATE OF DEATH MONTH	13 84 13 A M
ge 4 mo ector, po urs ofter c	3. SE	male	4. RACE white	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 8 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Po	M	RTHPLACE (STATE OR FOREIGN COUNTRY) assachusetts	76 CITIZEN OF WHAT COU	MTRY? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Prince Georg	
s ofter of tilled with	U	illum Terrace	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV 805 Ritter	estreet address) shouse St		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Printer GPO	12b. KIND OF BUSINESS OR INDUSTRY Retired
LAND 212	13a.	AL RESIDENCE (# NURSING HOME OR STATE 136 COUN	NTY 136 CITY O		13d. INSIDE CITY LIMITS? YES MO	130 STREET ADDRESS / ZIP COD	e & 20783
BALTIMORE, MARYLAND sole be executed within 24 spers. Pages 1 and 2 should val. it, the medicol axominer mu		Charles	0	Malley	15. MOTHER'S MAIDEN NA	MIDDLE	O Malley
be executor on and c			WED FORCES? 166 SOCIAL WE WAR OR DATES)	1 SECURITY NO.	Jane M. O'Ma	ADDRESS	as 13e)
ST., BAL printicote g physicia conpaper removal.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT	nly one couse per lind or (a), ED BY: TE CAUSE (o)	1/14	exastasis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 NO
es that the death and by the attending please remove corburial, are other traumation, or		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	Paroli	d cance		Zyears
been signe been signe priory. Then p	CERTIFICATION	PART 2. OTHER SIGNIFICANT (196. CONDITION FOR				VEN IN PART Tros
VITAL R N: The I nysicion. nysicion hos	CERTIF	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR		ES NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir offer this certificate has been sign os the burial-tronsit permit. Then thouch Avental Hygiene prior to b orked or life 18 shows ony injury	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOTIWHILE ALL WORK ALL WORK		19	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND Spitol or CTOR. A for use of Heal		220.1 certify that (1) (this hospi	ital) attended the deceased 122	19 74 . 0		deoth occurred on the date and hor	
TAL OR A by the ho BRAL DIRE e detoched Stote Dept		224 BHYSICIAN'S NAME AVOC	res		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/13/84
TO HOSPITAL refolined by ## TO FUNERAL should be det with the Store		leter She	ster m		3947 Ferr		eaton, md
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	12-15-1984	Gate o		tery Silver Spri	
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F H:	uneral pirector Ines#Rinaldi Fur		800 N.H. S. Md. 20	HVC.,	TE REC'D BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN [A] (TYPE OR PRINT) OF ESTI-ALBERT PADGETT 12 Bernard DEATH MATED 4 RACE SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR 3:51р DATE LAST BIRTHDAY) PRONOLINCED 1084 Male White 11 1918 Aug 66 DEAD BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Prince George's IQ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Southern Maryland Hospital Center Clinton MA Parole & Probation Md. State Govt JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20748 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Camp Springs 7728 Temple Hill Rd. YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elmer Padgett Ruth Curtin 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 7728 Temple Hill Re. DIVISION Yes 219-07-8712 Phyllis A. Padgett Camp Springs. Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive cardiovascular disease IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? VARDED TO THE CARGE 3 SHOULD BE TATE DEPARTMENT 21201 PRIOR TO BUILD 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 25 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Undetermined monner Natural causes Accident Suicide Homicide L TITLE (SPECIFY) 12/23/1984 MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct., Temple Hills. Md. P. Rodriguez M.D. Augusto (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Maryland Veterans Cem. Cheltenham BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAN NAME George P. Kalas Funeral Home Oxon Hill. **DHMH - 17** DEC 28 (VR A15 ME (5)

20M 4/82

STATE OF MARYLAND

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STATE OF MARYLAND

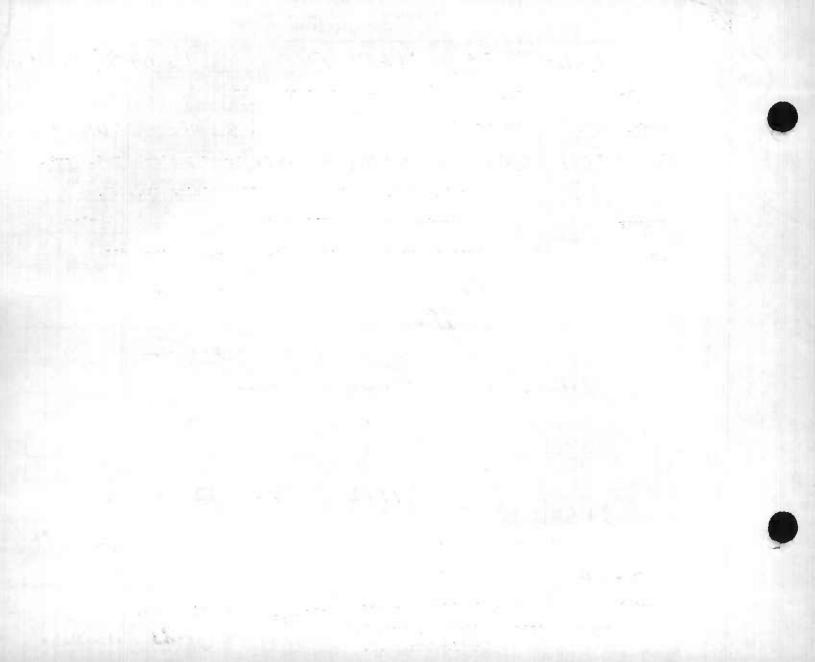
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2a. DATE OF DEATH FIRS1 MONTH 26 HOUR TYPE OR PRINTS Elizabeth Perley. Mae 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR AGE (IN YEARS LAST BIRTHDAY) MONTH 24, 1918 Female White April 70 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. New York Prince Georges County. DIVORCED XX WIDOWED B CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Bethlehem Steel 139 West Way Road Apt. 102 Receptionist Greenbelt USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 139 West Way Road, Apt. 102 Maryland Pr. Geo. Greenbelt NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Helen Fitch Wylie Guv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 6309 POWHATA J. COOPED No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY: Adenocarcinoma of the Colon IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES. NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a I certify that (I) (this hospital) attended the deceased from November 7 10 84 saw the deceased alive on NOV and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED MEDICAL should be deta ATTENDING. DEC 1.19 PHYSICIAN XX DIRECTOR - PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 3800 Reservoir Rd., N.W., Washington, D.C. 2000 Albert E. Rolle, M.D. DHMH - 16 50M 4/B2 (VRA 15, 4)

We 1 1/2 34 1 STATE OF THE COURT SEPT PRINCIPLY IT FILLS 48 See 184 Little of the State State on the CREWARN DEC. A 1934 Fine Chinatery Execution M. M. They have form I dilled a straight When the real for the first former

DHMH - 16 50M 4/83

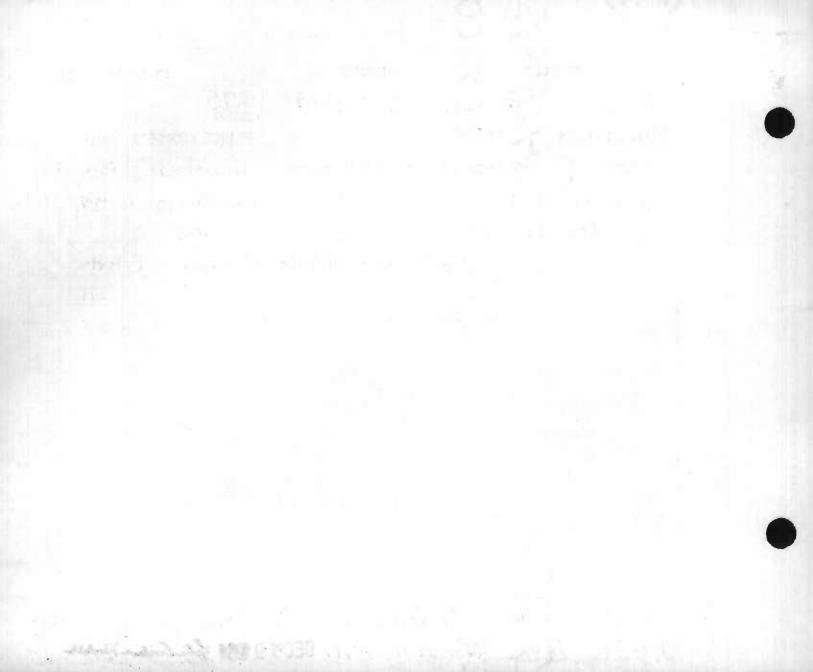
(VRA 15, 4)

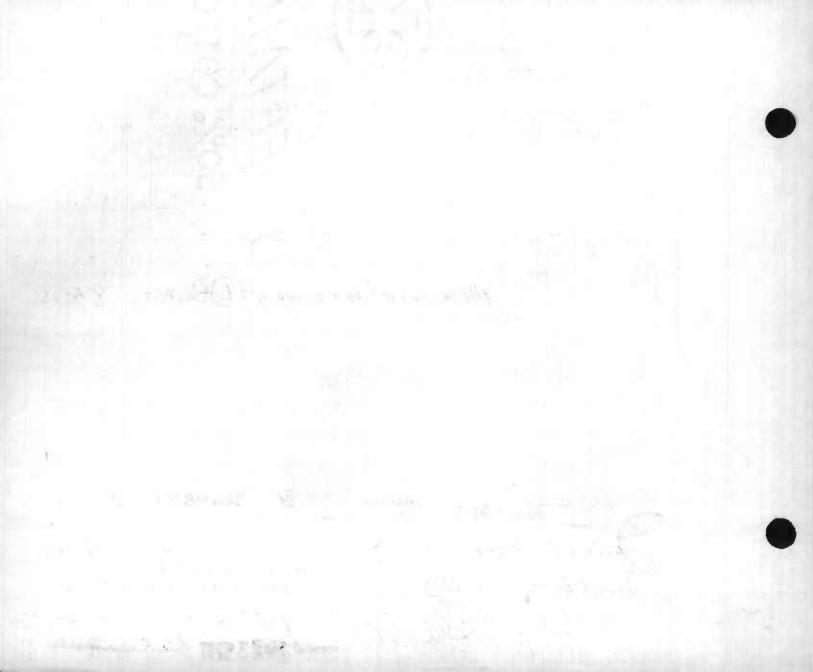
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME MIDDLI 2a DATE OF DEATH MONTH DAY 7h HOUR (TYPE OR PRINTS PIERCE 24 12 - 51PV 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNGER 1 YEAR MONTH DAYS HCUIPS. March 21 1903 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGES WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY PRINCE GEORGES GENERAL HOSPIRAL Foster Grandparent Great Oaks JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4142 Bunker Hill Road #417 Cottage City YES K NO [15 MOTHER'S MAIDEN NAME Sarah Sage ADDRESS 8608 Preston Street 166 SOCIAL SECURITY NO. 17 INFORMANT 578-30-9507-A Margaret L. Brickey New Carrollton, Md. 20784 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A ONSEQUENCE OF ASIA CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RENATED TO THE ERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES NO I ZIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY OFFICE FARM ETC.) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 73d LOCATION 73b DATE (SPECIEV) CITY OR TOWN Dec.7,1984 Ft. Lincoln Cemetery Burial Brentwood P.G. Maryland 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

runa kunason-jandell

Gasch's Sons F.H. P.A. Hyattsville, Maryland

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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Chambers Funeral Home Silver Spring. Marylan Riverdale, P.G. Co., Maryland

2h HOUR

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DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR			CERTIFICATE	OF DEATH	REG. NO).		
. DECENDED INVITE	THOSE	ALE ((SHARON)		20. DATE OF DEATH		84 YEAR	11 15AM M
. Male	1 RACE BLA	cK.	S. DATE OF BIRTH	DAY FEAR	6 AGE TINYEARS LAST BIRT	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOR COUNTRY) Maryland	USA	WHAT COUNTRY?	WIDOWED	EVER MARRIED XX	9. BALTIMORE CITY OF	ORGES	COUNTY	MD.
CHEVERLY		HOSPITAL, NURSING			120 USUAL OCCUPATION			OF BUSINESS OR
USUAL RESIDENCE (# NURSING 130 STATE Md.	G HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE /		SIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	0	0000
Joseph	Devon	Polk	IS MO	THER'S MAIDEN NA/ FIRST Sharo:	MIDDLE		Hicks	
(YES, NO OR UNKNOWN)	U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES]	166. SOCIAL SECUR	ITY NO. 17. INF	ORMANT	ADDRE	SS		
PART I. DEATH WAS	(Enter only one couse per S CAUSED BY: AMEDIATE CAUSE (a)	line for (a), (b), and	in ubi	ONATOLU	2			ONSET AND DEATH
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PART 2. OTHER SIGNIF		ONTRIBUTING TO D		ATEN S	INAL DISEASE OR CON		EN IN PART I	
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	USE OF DEATH HOUR A.	M. MONTH DA	Y YEAR	OW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IS P	PART + OR PART 2)	
OR CONTRIBUTING CALL (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHITE NOT WHITE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
sow the deceased	his hospital) attended the blive on	10 19	74		, to			
S, WYN.	-11		22e A	DDRESS	us Cell Ho		Hurry	mD
23e. BURIAL, CREMATION, RE (SPECIFY) Cremation	23b. DATE 12/10/			rge's Hos	23d LOCATION CITY OR TOWN Cheverl	y, P(G, MD	STATE
A FUNEDAL DIRECTOR				250 DA	E DEC'TO BY BETTER TRANS	15h DECIST	DAD'S SUCNIA	TURE

20785

DHMH - 16 50M 4/83 (VRA 15, 4)

Raleigh Cline, Cheverly, MD

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	23	-	des	1
REG. NO).			

	STATE REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.	dell'	
	CEASED NAME	Rober		MIDDLE	Dod	iter	Docombo	er 10,198	DAY YEAR	26. HOUR 4:30pm
		Kobei	r.		roi	ter				* N
3 SEX	(4 RACE		5. DATE C		6. AGE TIN YEARS	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
N	Male		Caucas	sian	Apr			45 YRS	MOTHING BATS	AIN.
	RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D	9 BALTIMORE	ITY OR COUNT	OF DEATH	
Pe	ennsylva	nia	U.S	.A.	WIDOWE	D NEVER MARRIED 🔀	Prince (Georges	County,	MD
	TY OR TOWN OF D		11. NAME OF	HOSPITAL, NURSI	NG HOME C	R OTHER INSTITUTION	12e USUAL OCC			F BUSINESS OR
	aurel					ville Hospita		Proc.	Medi	cal
13a. S	IL RESIDENCE (IF NU TATE ryland	13b. COUN	1TY	Is. CITY OR TOV		136. INSIDE CITY LIMITS?	13e STREET ADDI	RESS / ZIP COD		20707
14. FA	THER'S NAME					15 MOTHER'S MAIDEN NA		-		
	Frederi	ck V	WIDDIE	Potter	Sr.	Polly	E	DDLE	Durd	en
16a. W	AS DECEASED EVE		•	16h SOCIAL SEC		17 INFORMANT		ADDRESS211		ell Rd
Ye	es, no or unknown)	1961	-1964	220-36	-2859	Frederick			catine	Iowa
	18 CAUSE OF DEA	TH (Enter on	ly one couse per	line (a) (a), (b), a	nd TC y I	1 . C	1		BETWEEN	MATE INTERVAL DNSET AND DEATH
	PART I. DEATH		DBY: TECAUSE(0)	.Cmop	Stive	yest (si	luve		IV	none
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1 1	Conditions, if or	v. which	(16)	LSC	hemi	c cordimu	4 DE My		ſ	y
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	underlying cau		DUE 10, O	R AS ACONSEOL	SKITC	d exteriose	clarity.		10	14 -
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Z	PART 2 OTHER SIN	SIMILIC WIMI	.ONDITIONS CC	DIALKIBOLING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GI	EN IN PART TO	,
CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY	? 20b. IF YE	S, WERE FINDIN	IGS USED OF DEATH?
] #							YES NO	Y	s 🗌	NO 🗌
Ü	210 ACCIDENT WAS U		21b. TIME O		DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE	OF INJURY IN ITEM 18	PART OR PART 2)	
A P	OR CONTRIBUTING		CI PI		19					
MEDICAL	21d INJURY OCCU		21e PLACE			211 LOCATION		Y OR TOWN	COUNTY	STATE
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11.10			Dece-	1	61 01	nd that in (my) (our) apinion	death accurred an	the date and ha		
	17h SIGNATURE	Edigh (dief-ma	ti siew the body	after death.	1	DEGREE			22c DATE	
	10	Ca	450	reyh	w	ATTENDING	MEDICAL DIRECTOR F	STAFF PHYSICIAN [/2.	11-84
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	Charle	156	1 Sylve	my		15999 Horpers	form Rd.	Cellum	bie mi	21044
	URIAL, CREMATION SPECIFY) Burj		12/12			emetery or crematory aven Mem P	k GIEn	Burnie	Mary	lanď"

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached far with the State Dept of

FLECK FUNERAL HOME 7601 Sandy Spring Rd. Laurel Md. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

20707 DEC



the state of the s

MIDDLE

WASHINGTON, D.C. 20019

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b. HOUR

2a. DATE OF DEATH

FOR

- STATE

REGISTRAR

DECEASED NAME

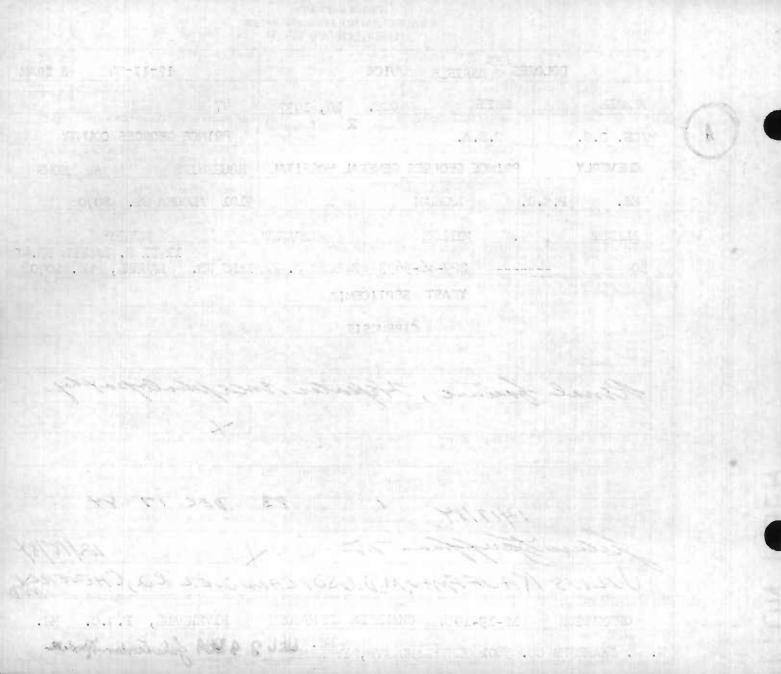
The Latest S. M. Stores and S. M. Stores

ROLLINS FUNCKAL HOME, MC.

4330 HUNT PLACE, D.S.

5300 C.S. 20019

3	FOR 1 - STATE REGISTRAR			STATE OF MARYI INT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIE DEATH	REG. N		ร์ ป	
• m£	I. DECEASED NAME (TYPE OR PRINT)	DOL ODEC ANN	MIDDLE	LAST			MONTH DAY		2b HOUR
oy be deat	2 000	DOLORES DA	and the second	S. DATE OF BIRTH	4	AGE (IN YEARS LAST BIR	12-17-8		8 20AMM
fter p	3. SEX			MONTH DAY	YEAR		MON		HOURS MIN.
000	FEMALE BIRTHPLACE (STATE OR	WHITE	WHAT COUNTRY?	OCT. 10,	1937	47 BALTIMORE CITY O	YRS.	DEATH	
Gedth. Pog	WASH. D.C.	U.S.	Α.	WIDOWED D	MARRIED U	PRINCE	GEORGES	COUNT	1.10
on softer o	CHEVERLY	(1F NOT IN SUC	H FACILITY, GIVE STREET AD	HOME OR OTHER INS		20 USUAL OCCUPATION OF STATE HOUSEWIFE		INDUSTRY	HOME
YLAND 212 Ithin 24 hour 2 should be t	Md.	P.G.C.	give residence before at 13c. CITY OR TOWN LANHAM	13d INSIDE			ZIP CODE NA ST.	20706	5
A Blee	ALBERT	MIDDLE J.	MILLER	M	ARGARET	MIDDLE	MURP	LAST	
E, M	160 WAS DECEASED EVER		166 SOCIAL SECURI			ADDRE		LAURE	T. DR. 422
BALTIMORE, cote be execu- apers. Pages I wal.	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	229-46-56	53 ROBER	T J. DAN	TELS JR	LAUREL		20708
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert ottending physician. Ifter this detrificate has been signed by the ottending as the burial-transit permit. Then please remove carbor though Mental Hygiene prior to burial, cremation, at rer arked or life, 18 shows any injury, or other traumatic is	190 DATE OF OPERA	which wedgete are last. (c) DUE TO, OF IOS. (c) TION I 19b. CONDI	PAS A CONSEQUENT PROPERTY OF THE PROPERTY OF T	ATH BUT NOT RELATE	ORMED.	AL DISEASE OR COM	20k IF YES, W IN CERTIFYIN YES [VERE FINDING NG CAUSES O	
AN: T obysici ficate transiti 18 sh	OR CONTRIBUTING		FINJURY M. MONTH DAY	YEAR 21c. HOW I	INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM TE PART	1 OR PART 2)	
DIVISION OF INC. OIL OF PHYSICIA OF INC. OIL	1 (IF EITHER NOTIFY MEDI	RED 21e PLACE (AT HOME STR		M ETC) 211 LOCAT		CITY OR TO	OWN	COUNTY	STATE
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TO HOSPITAL TO FUNERAL Should be deter with the Store	UULIO	15 KAUF	FMAN,	M.D. 650	1 LAN	DOVER	RD., C	CHEV	EROS
	230 BURIAL, CREMATION,			ME OF CEMETERY OR		23d. LOCATION CITY OR TOWN		OUNTY	STATE
BP DHMH - 16 50M 4/83 (VRA 15, 4)	CREMATI 24 FUNERAL DIRECTOR W. W. CHAMB	ON 12-19- ERS CO. 5801	ADDRESS	Ma	MATORY DAL	RIVERDA REC'D. BY REGISTRAL	25b. REGISTRAI	G.C.	Md •



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENI		IENE REG. N	10.	E 200	o de la companya de l
	CEASED NAME FIRS		WIDDLE	(AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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1.58		4 RACE		5. DATE C	DAY	YEAR	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	ale	Caucasi	an	Nove	mber 3, 1	1908	76	YRS.		
	RTHPLACE (STATE OR FOREIGH		WHAT COUNTRY?	8 MARRIE	X NEVER MARK	RIED 🗍	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
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15	TEVERLY	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUT		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Accountant		FE) INDUSTRY	F BUSINESS OR
130 S Ma	ryland Prince	ome or other institution county COUNTY COUNTY MIDDLE	GIVE RESIDENCE BEFORE	E ADMISSION)	134 INSIDE CITY L TO THE STATE OF THE STATE	IMITS?	13e STREET ADDRESS 4679 Dalla	as Pla		01, 20748
	11iam H. Rams		166 SOCIAL SECU	IDITY NO	Ma 17 INFORMANT	aria	Antonia Du			
. (yes, no or unknown) (if y	ES GIVE WAR OR DATES)	220-66-9			mo J.	Ramsay C	505 Ec amp Sp	dgewood orings,	Place MD
IFICATION	PART 2. OTHER SIGNIFICATION 190 DATE OF OPERATION	ANT CONDITIONS CO			NOT RELATED TO		20a AUTOPSY?	20b. IF YE	S, WERE FIND IN	NGS USED
CERTIFIC	210. ACCIDENT WAS UNDERLYIN				21c. HOW INJURY	OCCUR	YES NO			NO []
	OR CONTRIBUTING CAUSE	OF DEATH	M. MONTH D	AY YEAR						
MEDICAL	21d INJURY OCCURRED WHILE AT WORK	21e. PLACE			211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
	22a I certify that (I) (this sow the deceased all above, (I) (we) (did) (a	hospital) attended th				opinion (, to death occurred on the c			that (I) (we) last causes stated
	226. SIGNATURE	wand	m		PHYS	NDING	MEDICAL STA		22c. DATE	SIGNED
	7. J. Her	nandez	179		Prince:	Jany	es Hozpital	7		
	BURIAL, CREMATION, REMO	OVAL 236. DATE	23¢. 1	NAME OF C	EMETERY OR CREM	NATOKY	23d LOS ATION		COUNTY	STATE
Bu	rial	December	6, 1984	Ceda	rville Me	mori	a Gardens	Wald		ryland
24. FL	UNERAL DIRECTOR Lee	Funeral 1	Home , Inc	c.			E.REC'D. BY REGISTRAR	25b REGIS		photococ

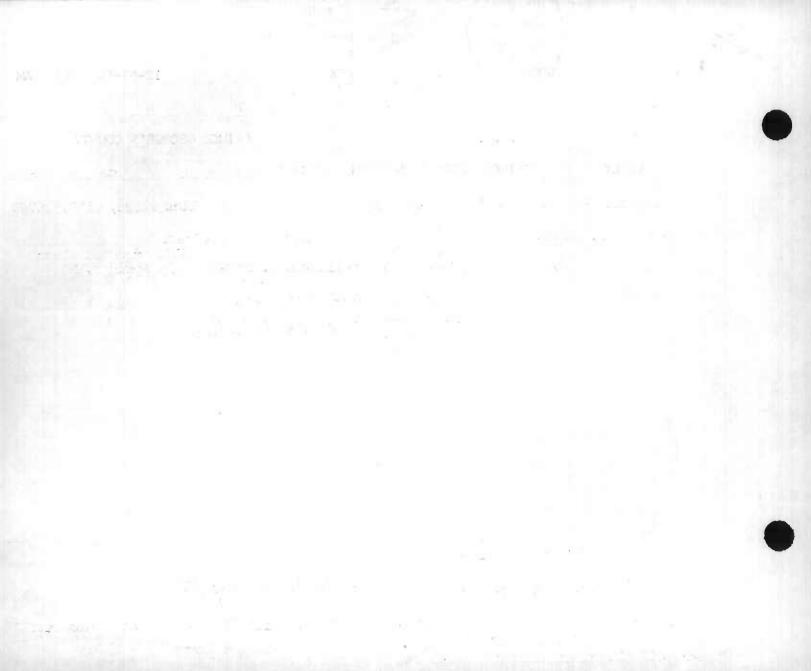
DHMH - 16 50M 4/83

BP.

Lee Funeral Home, Thc. (VRA 15, 4)

Alexander Ferry Road, Clinton, Maryland

4 1984 Juna Daniel 1984



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dissoluble detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 77 has with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. N	0			

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	REGISTRAR					CATE OF D		REC			
	CEASED NAME	FIRST	200	MIDDLE	LA	12.		20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
		Elmer		В.	Rand	lolph_		Decemb			0640A
3. SEX	X	4	I. RACE		5. DATE OF	F BIRTH	YEAR	6. AGE TIN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	
	Male		Wh:	ite	6	3	1908	76	_YR	s.	
	IRTHPLACE (STA	TE OR FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8 AAA DDIED	NEVER A	AARRIED T	9. BALTIMORE CIT	Y OR COUN	ITY OF DEATH	Alebora.
	Virgini	a	U.S	.A.	WIDOWED		VORCED [Prince	Georg	es	٨
10. CI	ITY OR TOWN O	F DEATH		HOSPITAL, NURSING		R OTHER INST	ITUTION	12a USUAL OCCUI			OF BUSINESS C
Rf	iverdale	, Md.	,	and Memor:		ospital		Brick Ma			truction
	AL RESIDENCE I	F NURSING HOME OF C		GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE C	ITY HAAITS?	13e STREET ADDRE	SS / 7IP CC	ODE	
1	aryland	P. (College		YES 🛣	NO [ace 207	40
14. FA	ATHER'S NAME		NODLE	LAST			MAIDEN NA	ME MIDD			124
J	ohn		Illiam	Randol	ph	Mary		Emm	a		more
		EVER IN U.S. ARA		166. SOCIAL SECU	RITY NO.	17. INFORMA	NI	JA	DRESS A	dress S	ame as
No	YES, NO OR UNKNOW	(IF TES, GIVE	WAR OR DATES)	213-12-1	829	Mr. I	Harry R	andolph	No	# 13e.	
	LI CAUSE DE	DEATH (Enter only	one couse ner	r line far (a), (b), and	1(01) 46 4		1	01-4		APPRO	XIMATE INTERVAL
	gove rise to couse (o), underlying		DUE TO, O	R AS A CONSEQUE		,		hufevete Li Covi	1		
Z.	couse (o), underlying	stating the cause last.	(c)_	R AS A CONSEQUE	NCE OF	,			0		
ATION	couse (o), underlying PART 2. OTHER	stating the couse last.	onditions <u>c</u>	ONTRIBUTING TO D	DEATH BUT I	, NOT RELATED	TO THE TERM		ONDITION		l(a)
IFICATION	couse (o), underlying	stating the couse last.	onditions <u>c</u>		DEATH BUT I	, NOT RELATED	TO THE TERM	200 AUTOPSY?	ONDITION (GIVEN IN PART YES, WERE FIND RTIFYING CAUSE	INGS USED
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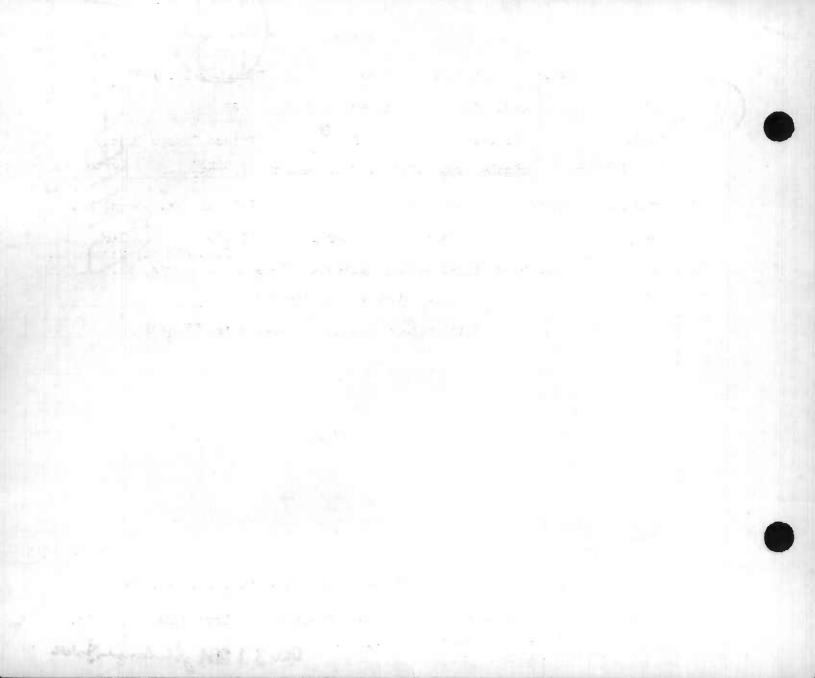
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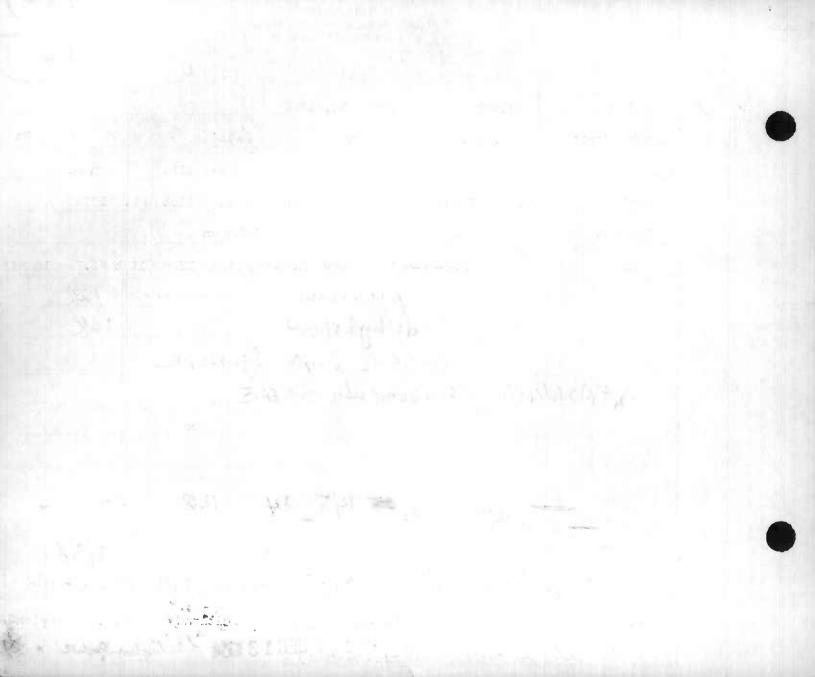
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH OAY (TYPE OR PRINT) ESTI-DEATH MATED Annie Laurie Rapee 19 84 10 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE DATE OF BIRTH DATE LAST BIRTHOAY) PRONOUNCED DEAD 19 84 May 25, 1917 67 12/10 Female White 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE ISTATE OF MARRIED NEVER MARRIED NORTH CAROLINA U.S.A. Prince George's County WIDOWED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) S1, 2, AND 3 TO 1 PM 3. RETAIN PA ND 2 SHOULD BE VIZAL RECORDS 14-C Laurel Hill Road Greenbelt SECRETARY 13d INSIDE FITY LIMITS? 13e STREET ADDRESS 14-C Laurel Hill Road Greenbelt Prince George's Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST WITH FORM PM
II. PAGES 1 AND 2
DIVISION OF VIE ROBERSON BLANCHE HENRY HORACE BUNN 17. INFORMDAUGHTER 166 SOCIAL SECURITY NO 18221 CISSELL ROAD IAN WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO ORLINKNOWNI (IF YES, GIVE WAR OR OATES) LAUREL. MD. 20707 BEVERLY SIMMONS 241-09-0125 NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE (o) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which chronic myocardial disease. gave rise to immediate cause (o) stating the under-DUE TO OR AS A CONSEQUENCE OF SED AS A BURIAL -HEALTH AND ME AL, CREMATION, lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 181 CERTIFICATION None 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO M 3 SHOULD BE UDEPARTMENT CONTROL TO PRIOR TO BUR None 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 7 C. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (ATHOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3. AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P NOT WHILE STREET, FACTORY, FARM ETC 1 STREET CITY OF TOWN COUNTY STATE AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy and in my apinion death resulted fram: Natural causes Suicide Undetermined monner TITLE (SPECIFY) 12/10/84 Deputy SIGNATURE 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE GATE OF HEAVEN SILVER SPRING MONT MD. BURTAL BP. 24 FUNERAL DIRECTO FRANCIS J. COLLINS DHMH - 17 UNIV. BLUD. W. SILVER SPRING MD. 20901 (VR A15 ME (5)

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STATE OF MARYLAND

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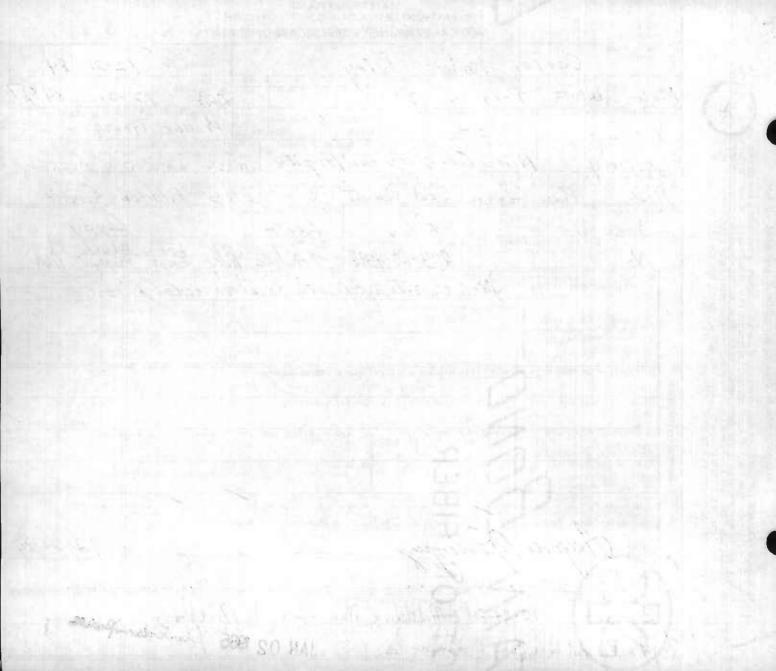




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-Thomas caymond DEATH MATED 5 DATE OF BIRTH 6. AGE (IN YEARS IF LINDER LYR DATE PRONOUNCED 20-20 DEAD BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEA VER MARRIED FOREIGN COUNTRY) U.S.A. West Virginia WIDOWED [DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK 12h. KIND OF BUSINESS Electronic Lab. Mech. NVCC Camp Springs SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) No COUNTY 30 STATE Alexandria 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 411 E. Nelson Avenue Virginia YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Ricker Christina Eichhorn John 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS Alex.Va. (YES, NO, OR UNKNOWN) Elizabeth M. Ricker, 411 E. Nelson Ave. 235-20-7086 18 CAUSE OF DEATH (Enter only one couse per the topica), (b), and (c). Herofelliotes Clarges vascalar Lie PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE CITY OR TOWN COUNTY 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes Suicide Hamicide Undetermined manner TITLE (SPEEDULY DATE /2:28-84 MEDICAL EXAMINER 5009 Rayburn Ct. Temple Hills, Md. EXAMINER HAVE Augusto P. Rodyjguez 230 BURIAL, CREMATION, REMOVAL 236, DATE 23r NAME OF CEMETERY OR CREMATORY Wheeling, West Virginia Burial 1 - 2 - 85Mt. Calvary Cemetery 24 FUNERAL DIRECTOR Wheatley ADDR 500 W. Braddock Rd. 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE (VR A15 ME (5)) Alexandria. Va. Funeral Home

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN 2h HOUR TYPE OF PRINTS ESTI-Carter DEATH MATED 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS IF WINDER 1 YR. IF LINDER 24 HRS DATE LAST BIRTHDAY 7-19-14 70 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK W. CITY OR TOWN OF DEATH LNAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS ORINDUSTRY SIDENCE LIFTH NURSING HOME OR OTHER COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MNAN AND 2 SI 14 FATHER'S NAME MIDDLE MIDDLE nsonh 160 WAS DECEASED WER IN U.S. ARMED FORCES? 7. INFORMANT 146 SOCIAL SECURITY NO ADDRESS (YES, NO, OF UNKNOWN) I HE YES. GIVE WAR OR DATEST 600 5 18. CAUSE OF DEATH (Enter only one cause pay line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g DATE OF OPERATION USED, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, DIVISION OF VITAL YES NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL DEPART CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK WHILE TO FUNERAL DIRECTOR: PACAFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21: 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram. Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P. 5009 Rayburn Ct., Temple Hills, Md. (TYPE OR PRINT) ADDRESS. 23g BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMA STATE 24 FUNERAL DIRECTOR * DHMH - 17 (VR A15 ME (5)) 20M 4/82



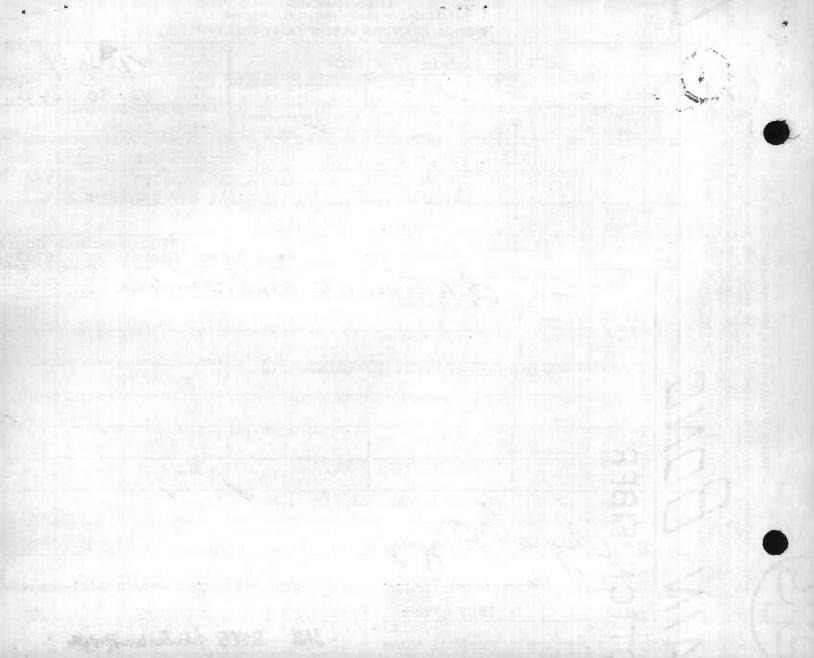
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26. HOUR ROSSITER 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF LINDER 24 HR MONTH DAY YEAR HOURS 24125171 a BIRTHPLACE ISTATE OR FOREIGN BALLIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Wash. D.C. WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY JULISON MUNON Secretar, USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

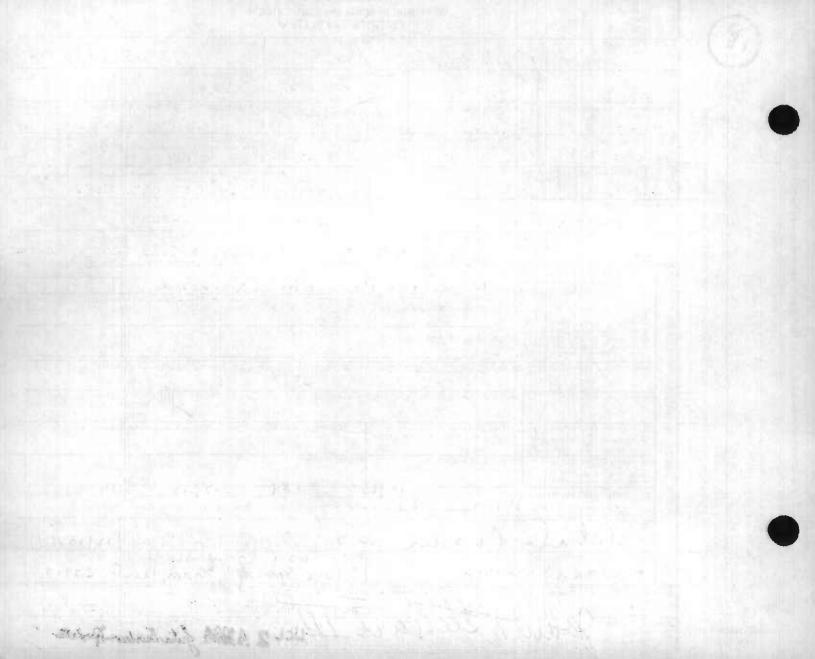
130. CITY OR TOWN 113d INSIDE CITY HMITS? 13e. STREET ADDRESS Hvattsville 5801 42nd Avenue 20783 NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE IN U.S. ARMED FORCES? ADDRES 12208 Guinevere Pr. 17 INFORMANT (# YES, GIVE WAR OR DATES) Glenn Dale, Md. Leo J. Rossiter 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LERMINAL BUSEASE OR CONDITION CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) ol-tron 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) ottended the deceased from saw the deceased olive on. . and that in (my) (aux) apinion death occurred on the date and hour and from the couses stated above, (1) (wes (did) (dud not) view the body after death. 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN MPORTANT 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b 14300 Gallant Fox Lane, Bowie, Md. 20715 Rakesh Arora MD 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Dec. 13 1984 Gate of Heaven Cemetery Burial Wheaton, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Valuation Annapolis Road DHMH - 16 60M 7/73 (VR A 15 (4)) ina Daydson Handalle Beall Funeral Home Bowie, Maryland

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5	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 3 4	6 0
		CEASED NAME FIRST OR PRINTING HT/15 + 1/1	ne Madeline	Roy	20. DATE OF DEATH MONTH	15-84 6:04A
4 mo	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
900	12.0	Female RTHPLACE (STATE OR FOREIGN	Black 75. CITIZEN OF WHAT COUNTRY?	Dec. 6, 1929	9. BALTIMORE CITY OR COUNT	V OF DEATH
to The Street	1	COUNTRY)	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		
offer de	10. ⊂	Maryland ITY OR TOWN OF DEATH Akoma Park, Mo	11. NAME OF HOSPITAL, NURSIN	ADDRESS) Adventist Hospi	Prince Geo 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI tagecretary	176. KIND OF BUSINESS C
5 5 7 7	USU	AL RESIDENCE (IF NINGERS HOWLO	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		aggar
17 6 6		M	13t. CITY OR TOW	N 134 INSIDE CITY LIMITS?	3014 M Stree	
within d 2 sign	1	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
de la constant de la		Bernard David			izabeth Swann	
and o Pages			IVE WAR OR DATES)		arter-son-6019	George Palm
e be	-	no	inly ane cause per line for (a), (b), or		1101 001 00-	APPROLIMATE INTERVAL BETWEEN ONSET AND DEAT
quires that the signed by the hear please rem to burial, crem njury, ar ather t	NO	gave rise to immediate cause (D), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c)CONDITIONS CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TERA	WINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
he law re on. has been t permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
iysiCIAN: If ding physicic is certificate burial-transit Mental Hygi		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
G PHYSI attending er this ce the burn and Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN ortol ar TOR. Aft or use as of Health		22a.1 certify that (1) (this hasp saw the deceased alive a	n 12	, and that in (my) (aur) apinion	death occurred on the date and ha	. 19
the hosp the hosp to DIREC etached te Dept.		22b. SIGNATURE	of view the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12 15 15 4
TO HOSPITAL retained by 1 TO FUNERAL should be de- with the Stote		124 PHYSICIAN'S NAME (TYPE	Chasen	Silver Sp.	Spring Street	nd 20910
CARGA		BURIAL, CREMATION, REMOVA	201/200	NAME OF CEMETERY OR CREMATORY Harmony Memo:	123 LOCATION	indover, Md.
/ Pr		urial UNERAL DIRECTOR	Dec 118		TE REC'D. BY REGISTRAP 256. REGIS	
DHMH - 16 50M 4/83 (VRA 15, 4)		Stewart Fune	ral Home-4001	Benning Row N	2 43439. gilia les	door-fordalle



DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME ITYPE OF PRINT) 3. SEX 4. RACE S. DATE OF BIRTH DAY YEAR AND IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE MONTH DAY YEAR AND IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE MONTH DAY YEAR AND IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE MONTH DAY YEAR AND IF UNDER 1 YR. IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE MONTH DAY YEAR AND IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE MONTH DAY YEAR AND IF UNDER 1 YR. IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE MONTH DAY YEAR AND IT UNDER 1 YR. IF UNDER 1 YR. IF UNDER 24 HRS. 12. DATE MONTH DAY YEAR AND IT UNDER 1 YR. IF UND
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130 STATE 1136 COUNTY 137 CITY OR TOWN 134 INSIDE CITY (IMITS) 136 STREET ADDRESS
Capitor neighbors in 1904 Lee Jay Court, #304
If FATHER'S NAME Is MOTHER'S NAME FIRST Corine Chambliss
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mrs. Corine Whitaker/mother/same as
PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT CONDITIONS TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT CONDITIONS TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT CONDITIONS TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT CONDITIONS TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT CONDITIONS TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT CONDITIONS TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT CONDITIONS TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT CONDITIONS TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT CONDITIONS TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT CONDITIONS TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). PART 2 DIHER SIGNIFICANT CONDITIONS TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO GEATH GOVERNOR TO
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WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET STREET STREET STREET STREET CITY OR TOWN COUNTY
220 Certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)
EXAMINER'S NAME AUgusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hills, Mo
236. BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION
Elmwood Cemetery Memphis, Tenn 24 FUNERAL DIRECTOR TONN T

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				4211111	Text of Dentil	REG. N	Ο.		
1. DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
[TYPE OR PRINT]	EDWARD	A. 5	SALLOOM	1 , D.D.	S.		12 01	84	2 37P M
3. SEX	4	RACE		5. DATE		6. AGE IN YEARS LAST BE	THDAY)	IF UNDER TYE	
Male		White			ober 30, 1912	72	YRS		
70. BIRTHPLACE (STAT	E OR FOREIGN 7	CITIZEN OF	WHAT COUN	TRY?	NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
Washingto		U.S.	A.	WIDOW		PRINCE G	EORGE	's cou	NTY MD.
CHEVERLY	DEATH 1	(IF NOT IN SUC	HOSPITAL, NU CHEACILITY, GIVE DSPITAL	STREET ADDRESS)	CAL CENTER	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Dentist		FE) INDUSTR	OOF BUSINESS OR RY f=Employed
MSUAL RESIDENCE (#	NURSING HOME OF O		GIVE RESIDENCE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 71D COE	ν	
Maryland	P.G		Chev	_	YES NO	5611 Jays			0785
14. FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME			
Job	M	BJGGI	Sallo		Phoebe	MIDDLE		Hi	LAST
160 WAS DECEASED E			16b. SOCIAL	SECURITY NO.	17 INFORMANT	ADDR	ESS Ad		Same as
YES, NO OR UNKNOWN		etime	577-4	6-9205	Mrs. Anne F.	Salloom	No	# 13e.	
	EATH (Enter only			7		70',	11	APPR	OXIMATE INTERVAL EN ONSET AND DEATH
PART I. DEAT	H WAS CAUSED	BY:	1011	100011	WM/UU	111100	7	- Service	IN ONSET RING BERTH
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avera carea		(c)	1/1/	MIDE	www.				
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S I HE DATE OF OF	ENATION	176 COND	IIION FOR W	HICH OPERATIO	ON WAS PERFORMED		IN CERT	IFYING CAUS	SES OF DEATH?
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	CAUSE OF DEAT	21b. TIME O HOUR A.		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	PART I OR PART	23
S (IF EITHER NOTIFY	MEDICAL EXAMINER)	Р.	M.	19	and the second				
OR CONTRIBUTING OF EITHER NOTIFY 21d IN JURY OCC	LURRED	21e PLACE		FFICE, FARM, ETC.	THE LOCATION	CITY OR TO	OWN	COUNTY	STATE
AALINE INC	T WORK			-1	la			//	,
22a-I certify the	t (1) (this hospite	i opported	deyleased to	om NOW	19 8	5, to 100	me di x	1987	. that (1) (we) last
saw the de	eased dive on 2	wieler the Jegsty	W/104 1	19 84 9	ed that in (my) (our) apinion	death occurred on the d	ate and ha	ur and from t	he causes stated
226. SIGNATURE	-/ 1//	11	1/	1	DEGREE			22c. DA	TE SIGNED
1/8/	mll	191	111	MA	ATTENDING PHYSICIAN	MEDICAL STA		1/2	1/2/84
221 PHYRICIAN	S NAME (TYPE)OR	Mily	- /		220 ADDRESS 563	- ANNAP	Mis	159.	
STENN	mp.	109	SLAZ	10 Mi	A. BIA.	bus burg		md.	20710
(SPECIFY)	ON, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	7	COUNTY	STATE
Bu	rial	Dec.4,	1984	Ft. Li	ncoln Cemeter	y Brentwoo	d ·	P.G.	Maryland

Gasch's Sons F.H. P.A. Hyattsville, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR STATE

STATE OF MARYLAND

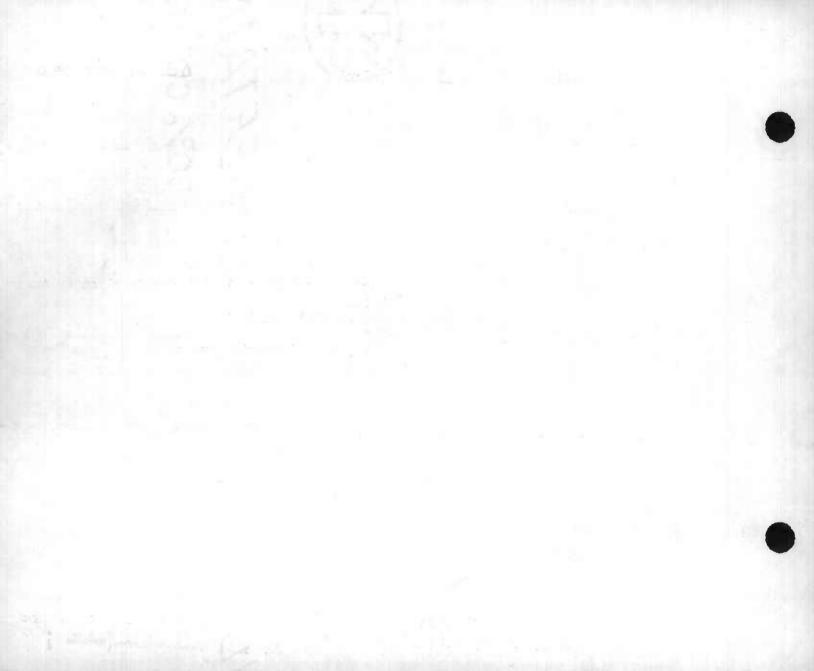
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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I. DF	CEASED NAME	FIRST	٨	AIDDLE	i	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	E OR PRINT)	77.		-11						045
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I. SE	X	4.	RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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а. В	IRTHPLACE (STATE (OR FOREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
	issouri		U.S.	A	WIDOWE		Prince Geo	reels	County	MC
) (ITY OR TOWN OF D	DEATH 1	I. NAME OF H	HOSPITAL, NU	JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	F BUSINESS OR
?i	verdale			HEACILITY, GIVE	ve. 2073	7	Housewife	OF WORKING LI	.,	Home
SU	AL RESIDENCE (IF N	URSING HOME OF OT	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)					Home
	STATE	136 COUNT		13c. CITY OR		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS			
F	ryland ATHER'S NAME	Pag		River	uale	15. MOTHER'S MAIDEN NA	6307 51st.	Ave.	20131	
To	FIRST	MI	DDLE	LAST		FIRST	WIDDLE	1.	LAS	
_	sper	EPINIIS APAN	D FORCES?	Cati	SECURITY NO.	Cora 17 INFORMANT	Bel		Burn	N.W. #
- (YES, NO OR UNKNOWN)									
0				488-08	8-7035	Mr. Eugene	Sanders was	ningt		
	18 CAUSE OF DEATH	ATH (Enter only		line for (a), (b					BETWEEN	MATE INTERVAL ONSET AND DEATH
	TANT I. DEATH	IMMEDIATE		ACUTE	MUM	11111111	INFARCTIO	ON	1mh	EDIAT.
	Canditians, if ar gave rise to i cause (a), sta underlying cau	ny, which immediate iting the	DUE TO, OF	ATHE	EQUENCE OF	_				
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR				EALTH AND MENTAL HYG	IENE 3	4 4	5 5	
	CEASED NAME FIRST MI1		11en	.,	Scanlon	December 1	MONTH DAY	YEAR	26. HOUR 11:05A M
J. SE	X	4. RACE	5.	DATEO		6. AGE (IN YEARS LAST BH	RTHDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
F	'emale	White		Jan		79	YRS.	DAYS	HOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	AA A DOICE	□ NEVER MARRIED □	9. BALTIMORE CITY	R COUNTY OF	DEATH	
	irginia	U.S.A		VIDOWE		Prince Geo	orges Con	unty	MD.
10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSING F		ROTHER INSTITUTION	120 USUAL OCCUPAT		B. KIND O	F BUSINESS OR
	Laurel	Greater	Laurel Be	ltsv	ille Hospital	Chief Or	perator	Pho	ne Co.
13a. M	3. <u>7. 7 3 3 3 3 3 3 3.</u>	G. CO.	ise city or town Laurel			13° STREET ADDRESS 15908 Ke	err Rd.	20	707
14 F	William	L.	Jenkins		Cora Be			Burg	ess
16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDR			
	YES NO OR UNKNOWN) (IF YES, C	WAR ON DATES)	577-01-3	171	M. Mary Mo	ore sar	ne as #	13	
TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR DUE TO, OR DUE TO, OR (c) CONDITIONS COL	AS A CONSEQUENCE AS A CONSEQUENCE MASTER TO DEA	E OF	Minary a Pulmona Pulmony NOT RELATED TO THE TERM	ENLOYPE INAL DISEASE OR COM	IDITION GIVEN II		
CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OP	ERATIO	N WAS PERFORMED	YES NOW	20b. IF YES, WE IN CERTIFYING YES	CAUSES	OF DEATH?
MEDICAL CER	OR CONTRIBUTING CAUSE OF D	ER) P.M	A. MONTH DAY	YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I	OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME STREE	DE INJURY ET, FACTORY, OFFICE, FARM	LETC)	21f LOCATION STREET	CITY OR I	NWO	COUNTY	STATE
	220 1 certify that (A) (this has saw the deceased alive a above, (A) (we) (did) (did			1	id that in 1991 (aur) opinion (, to death accurred on the c	late and have and	from the	
	22b SIGNATURE	Mym	h	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE	2-01-84	
	BG MO	Merur	la		1420 120	enrel fa	su dro	Carre	ul Aron.
230.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	12/3/	'84 Nt.	ME OF C	emetery or Crematory ivet Cemete		ngton, °°	D.C.	STATE
华f 7	LECK: FUNERAL 601 Sandy S	HOME,	INC ADDRESS	⊃1.M		REC'D. BY REGISTRAL	25h REGISTIAN	ANGWAI	Handelle

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE S	4 6	6 0			
	ECEASED NAME	EIRST	N	IDDLE	L	AST		MONTH DA	Y YEAR	2h. HOUR		
[TY	PE OR PRINT)	LLEN	Je	osephine	SC	COTT		12 26	5 84	9;20A,		
3. S	EX	4.	RACE	1)	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 74 HRS		
	Female	1	Jamaica	in d	MONTH	ary 9, 1916	68		DNIHS DAYS	HOURS MINL		
70	BIRTHPLACE (STATE OR EC	DELICAL 76		VHAT COUNTRY?		ary 9, 1910	9. BALTIMORE CITY OF	YRS.	OF DEATH			
	COUNTRY			Committee	MARRIE	D NEVER MARRIED	PRINCE GE					
_	Jamaica		U.S.A.	OCDITAL NUMBER	WIDOWE	DIVORCED DIVORCED	120 USUAL OCCUPATION		LISE KIND C	OF BUSINESS OR		
10.	CHEVERLY		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADORESS)	AL HOSPITAL	(TYPE OF WORK FOR MOST OF School Tea	WORKING LIFE)	INDUSTRY	Govit.		
130	UAL RESIDENCE (IF NURSIR STATE	P.G.	THER INSTITUTION, Y	GIVE RESIDENCE BEFOR 13c CITY OR TOW Hyattsv	/N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 5202 57th		2078]			
100	FATHER'S NAME					15. MOTHER'S MAIDEN NA	ME					
4	Unknown	MI	DDLE	LAST		Unknown	WIDDIE		LAS	51		
-	WAS DECEASED EVER	N U.S. ARM	ED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS Addr	ess Sa	me as		
1	YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	579-62	4740	Aldyth Scott			13e.			
-	18 CAUSE OF DEATH					Aldy on Deoce				IMATE INTERVAL ONSET AND DEATH		
NON		PART 2 OTHER SIGNIFICANT CONDITIONS C			DEATH BUT							
CERTIFICATION	Hs. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED YING CAUSES OF DEATH?			
	21a. ACCIDENT WAS UND ON CONTRIBUTING CC	AUSE OF DEATH	216. TIME O HOUR A	M. MONTH D	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2)				
MEDICAL	214 INJURY OCCURR	u []	21e PLACE	OF INJURY EET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR FO	WN	COUNTY	STATE		
	220.1 certify that (I) (this hospital) attended, the deceased from 1954, and that in (my) (our) opinion death occurred an the date and hour are above. (I) (we) taile) (did not) view the body after death.									that (1) (we) los couses stated		
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (Dec.	SIGNED 26,1984			
	THE PHYSICIANS THA	MEINTOR	MA F	7- YADL	A	7726 -	FINNS	M.D	207	106 Hom		
230	BURIAL, CREMATION,	REMOVAL	236. DATE	23c.	NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE		
	Crema	tion	Jan.3	1985 F	t. Lin	coln Cremator	y Brentwoo	d	P.G.	Marylan		
24.	FUNERAL DIRECTOR					25a. DAT	E REC'D. BY REGISTRAR			TURE		

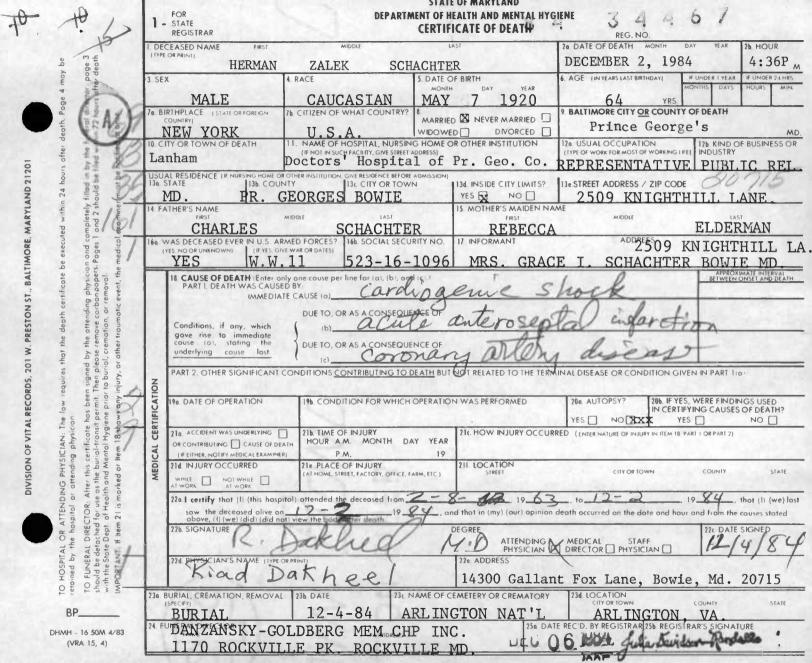
DHMH - 16 50M 4/B3 (VRA 15, 4)

Gasch's Sons F.H. P.A. Hyattsville, Maryland ha Davidson-Randelle

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

44.7	. 3		-	13
ن	4	91 ST 8	0	9
REC	NO.			

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

.. a waydron Randell

1985

		KEOISTKAK					KEG. N	O.			
1		CEASED NAME FIRST	M	IDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
	(TYPE	OR PRINT) MAR	RIAN	ESTELLE	S	CHEEL	DECEMBER	30	1984	4:27P M	
	3. SE)	(4 RACE		5 DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
		Femalèe	Caucas	sian	Feb.	- ^	65	YRS.	MONTHS DAYS	HOURS MIN.	
A		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	VHAT COUNTRY?	8	D A NEVER MARRIED	9 BALTIMORE CITY				
1		w York	US		WIDOWE		Pri	nce Ge	eorge's	MD.	
2	10. CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR	
2		Lanham	Doctors'	Hospita	1 of	Pr. Geo. Co.	Homemake				
		AL RESIDENCE (IF NURSING HOME OF		THE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COD	Ε		
1	Ma	ryland Prince	e George	Seabroo	ok	YES 🔀 NO 🗌	9113 5	th St	. 50	706	
À	14 FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	1	
1	10	Edward		Harci	ım	Lilli			Klau	sner	
		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS			
		no	TO THE ON BEING	579-09-3	3231	Robert B. Sc	heel Sr	sar	ne as 13		
- 19		18 CAUSE OF DEATH (Enter o	nly ane couse per l	ine fai (a), (b), on	d ic				BETWEEN	MATE INTERVAL ONSET AND DEATH	
	'n	PART I. DEATH WAS CAUSI IMMEDIA	ED BY: .TE CAUSE (0)	CITY	1011	TO MANOS	T		5 h	nimos	
			DUE TO, OR	AS A CONSEQUE	ENCE OF						
		Canditions, if any, which	(b)	CANI	1106	untile St	TOCK		24	Huns	
		gove rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUE	ENCE OF						
F.		underlying cause last	(c)	cul	63 N	N3 H5817	MILIM	0	27	soms.	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1		
	IO	AUNS NI	MAN F	mun	W.		mm me	MAG	ou b	2175910	
7	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN		
1	RTIF		- 6				YES NO X		ES	NO 🗆	
1		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216. TIME OF HOUR A.A	EINJURY A. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART OR PART 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.A		19						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, F	FARM, ETC)	21f. LOCATION STREET	CITY OR T	NWC	COUNTY	STATE	
	-	AT WORK AT WORK	- X -			100					
	-17	22a.1 certify that (1) (this hasp	V)	deceased fram_	211	19 76	, ta			that (I) (we) last	
		sow the deceosed alive or abave, (1) (we) (did) (did no			, a	nd that in (my) (our) opinion	deoth occurred an the o	late and ho			
1		226 SIGNATURE	a m	und	17777	PEGREE ATTENDING PHYSICIAN T	MEDICAL STA		12- DATE	31-84	
		22d PHYSICIAN'S NAME (TYPE Neil A.	Meade, l	M.D.		6501 Landove	er Rd., Che	ver1y	, Md. 20	785	
	23a. B	BURIAL, CREMATION, REMOVAL	236 DATE	23€ 1	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION				
	(SPECIFY) Buris	Jan. 3	1985 Pa	rklaw	m Memorial Pa	rk Rockvil	Te. N	rinuos Are lurral	STATE	

16000 Annapolis Road

Bowie, Md.

BP.

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If them 21 is marked or them 18 shows ony

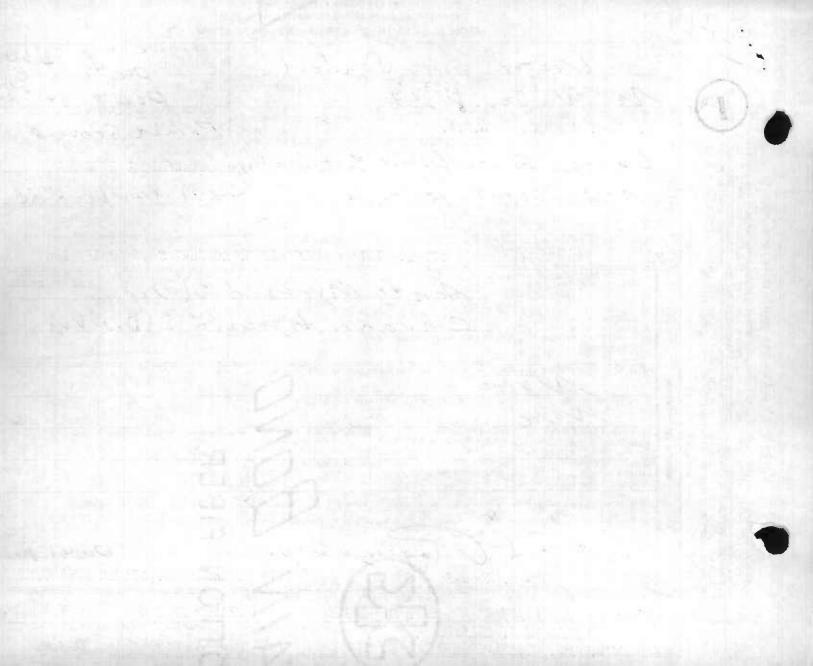
DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Femalia Seusentin Fin. 18, 1919 20 00 000 karyland tringe Cepruse Secercos x 9113 5th St. 20706 Grant J M.OTT I DON'S 979-09-3031 Noter to . contain or . nort se 13c ENGLISHED TO THE TOTAL STATE OF THE PARTY OF CHOOK A III TO SKULTERS, TREATING TO STORE SOLD I

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI DEATH MATED 4 RACE DATE RONOUNCED MARRIED NEVER MARRIED WASHINGTON, D. U.S.A. DIVORCED ELECTRICAL 3a STATE 15 MOTHER'S MAIDEN NAME FRENE SCUDER'1 ROSA ANTONIO 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) MARGARET M. SCUDERI, SAME AS 13, WIFE WW II 577-28-0131 YES APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART TOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident Suicide Homicide ___ Undetermined monner FUNERAL I SIGNALURE 1919 SEMINARY RD., SILVER SPRING, MD JOHN S. ROGERS 23 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY SILVER SPRING MONT 12/7/84 GATE OF HEAVEN BURIAL BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FRANCIS J. COLLINS **DHMH - 17** (VR A15 ME (5)) 500 UNIV BLUD, W. SILVER SPRING, MD. 20901 20M 4/B2



FOR

REGISTRAR

- STATE

Cage Hilda P. Harvey, 16305 Baden-Westwood APPROXIMATE INTERV PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) STATE and that in (my (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Brandywine, P.G., DATE REC'D. BY REGISTRAP'S PROJECT AR'S SIGNATURE OF THE PROJECT O DHMH - 16 50M 4/83 Waldorf, Maryland (VRA 15, 4) Huntt Funeral Home.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

12b. KIND OF BUSINESS OR

4:00 am

IF UNDER 24 HRS

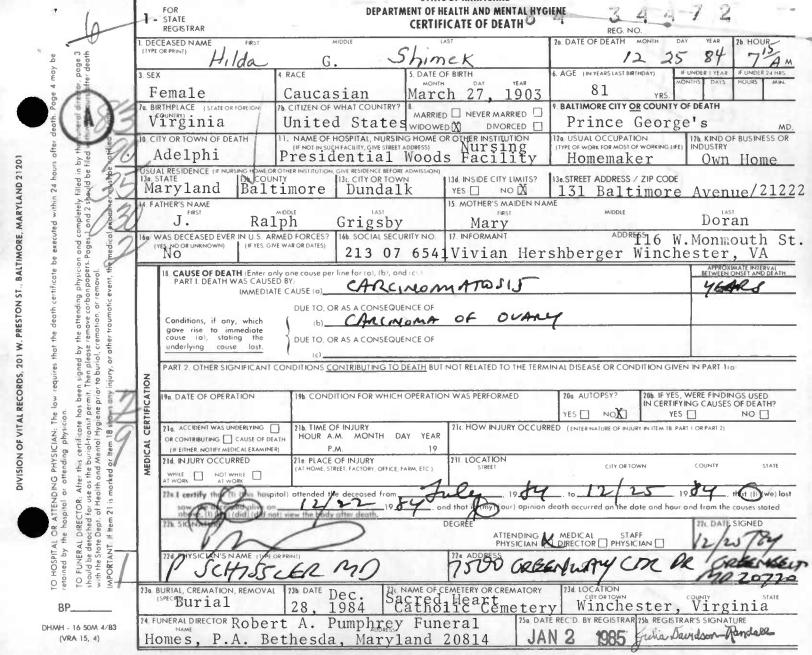
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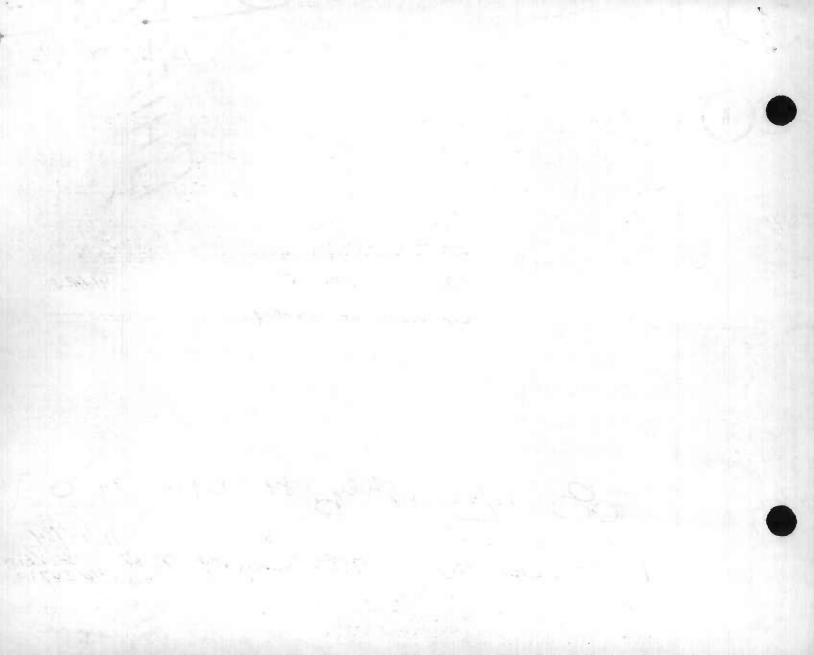
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FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Funeral Home

Richard A. Coleman -Upper Marlboro, Md. 20772

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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23h DATE

Chambers Funeral Home Riverdale, Maryland

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

Buri al 24 FUNERAL DIRECTOR

FOR

1. DECEASED NAME

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH LAST

REG. NO

20 DATE OF DEATH MONTH 2h HOUR December 8, 5:05P M & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDED STUDE HOURS **BALTIMORE CITY OR COUNTY OF DEATH** Prince George's County 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY U.S. Gov't.

Bookbinder 13e.STREET ADDRESS / ZIP CODE 2340 Belleview Ave.

MIDDLE

Posey ADDRESS Same as # 13. (Daughter)

APPROXIMATE PUTTEVAL BETWEEN ONSET AND DEA

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES [NO [

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)

COUNTY

STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22r. DATE SIGNED

CITY OR TOWN

MEDICAL PHYSICIAN PDIRECTOR PHYSICIAN

Ft. Lincoln Cemetery

8150 Lakecrest Dr. Greenbelt, Maryland 20770 23c NAME OF CEMETERY OR CREMATORY

Brentwood, P.G. Co., Maryland

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP

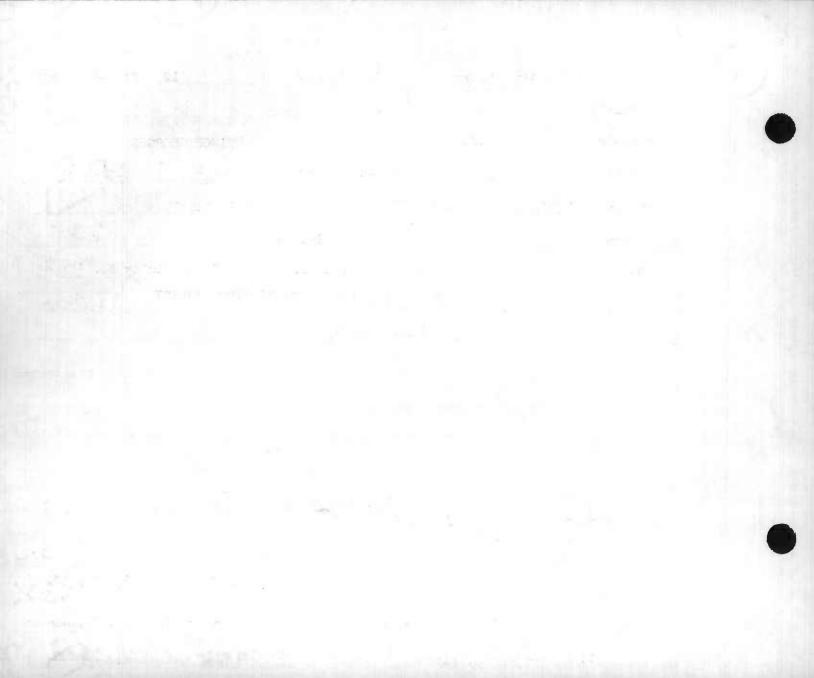
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	16
	CEASED NAME FIRST		MIDDLE	LAST		DAY YEAR 26 HOUR
TYPE	OR PRINT) MAR 1	ntA Sa	arah	SLOMBUS	12	21 84 2:45P M
3 SEX	х	4. RACE	5. D/	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR5
	Female	White		une 30, 1900	84 yrs.	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	RRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	Y OF DEATH
	COUNTRY LSCONSIN	U.S.	A	OWEDYY DIVORCED	PRINCE GEORGE	S MD
0. CI	ITY OR TOWN OF DEATH			ME OR OTHER INSTITUTION	12n USUAL OCCUPATION	12h KIND OF BUSINESS OR
	CHEVERLY AL RESIDENCE (IF NURSING HOME	PRINCE	GEORGES GEN	ERAL HOSPITAL	Cocomotive Engineer	Milwaukee Railroad
13a. S	STATE Prin	ice orges	Hyattsvill	e YES NO X	130 STREET ADDRESS / ZIP CODE 4922 LaSalle Ro	
14 FA	ATHER'S NAME FIRST	WIDDLE	ŁAST	15. MOTHER'S MAIDEN NA	WE	LAST
1	John		Henz	Sophia		Pavlak
	WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECURITY N	O. 17 INFORMANT	ADDRESS	Wisens V
-	No No	GIVE WAR ON DATES	475-24-675	0 Harold E. Sto	orey 715 McKinle	22100
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe SED BY: ATE CAUSE (a)	fine for (o), (b), and (c)	S CARDIO RESP	IRATORY ARREST	BETWEEN ONSET AND DEATH
	gave rise to immediate cause (a), stating the underlying cause lost	(c)	ONTERNITION TO DE ATH		NNAL DISEASE OR CONDITION GIV	VEN IN PART 1
2	PART 2. OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO DEATH			VEN IN PART TIO
TIFICATION	PART 2. OTHER SIGNIFICANT			ATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
CAL CERTIFICATION		19b. COND	OF INJURY	ATION WAS PERFORMED 21t. HOW INJURY OCCURI	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	19% COND 19% COND 21% TIME C HOUR A 46R) P	OF INJURY .M. MONTH DAY Y	ATION WAS PERFORMED 21c. HOW INJURY OCCUR!	YES X NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE THER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUT	21b TIME CHOR A HOUR A P 21c PLACE (AT HOME. ST	OF INJURY M. MONTH DAY Y M. MONTH DAY Y MEET, FACTORY, OFFICE, FARM, ET	EAR 19 211. LOCATION STREET , and that if (my) our) opinion	YES NO NINCERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART TOR PART 2) COUNTY STATE 19 that (1) (we) los ur and from the causes stated
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IF EITHER NOTHY MEDICAL EXAMINATION OF THE NOTHY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTRIBUT	21b TIME CHOR A P 21e PLACE (AT HOME. ST	OF INJURY M. MONTH DAY Y M. MONTH DAY Y MEET, FACTORY, OFFICE, FARM, ET	EAR 19 211 LOCATION SIREE1 , and that is (my) four) opinion DEGREE ATTENDING PHYSICIAN	YES NO NINCERTING YES NO NINCERTING YES NO NINCERTING YES TO NO NINCERT IN THE NEW YES TO NO NINCERT IN THE NEW YES TO NINCERT IN THE NINCERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE THER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUT	21b TIME CHOR A P 21e PLACE (AT HOME. ST	DE INJURY .M. MONTH DAY Y .M. OF INJURY REEL FACTORY, OFFICE, FARM, E1 The deceased from	ATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21l. LOCATION STREET , and that is (my) our) opinion DEGREE ATTENDING PHYSICIAN 22c. ADDRESS 19 22c. ADDRESS 10 22c. ADDRES	YES NO NINCERTING YES NO NINCERTING YES NO NINCERTING YES NO NINCERT NE YES NINCERT NINCERT NINCERT NINCERT NINCERT NINCERT NINCERT NINCERT NINC	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART TOR PART 2) COUNTY STATE 19 that (1) (we) lass ur and from the causes stated
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WEDICAL	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE ETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OF CONTRIBU	21b TIME CHORRY DEATH P 21e PLACE (AT HOME. ST	OF INJURY M. MONTH DAY Y M. MONTH DAY Y M. OF INJURY REET FACTORY, OFFICE, FARM, E1 College death, 19 23c NAME	ATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21l. LOCATION SIREET , and that is (my) our) opinion DEGREE ATTENDING PHYSICIAN 22c. ADDRESS OF CEMETERY OR CREMATORY Trection Cemete	YES NO IN CERTIL RED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN WEDICAL STAFF OIRECTOR PHYSICIAN IN 234 LOCATION CITY OR TOWN Mendota Heigi	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 A ha (1) (ye) los yer and from the causes stated 22c DATE SIGNED 27c DATE SIGNED COUNTY STATE COUNTY A STATE COUNTY STATE COUNTY Minnesota
WEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IF EITHER NOTHY MEDICAL EXAMIN 210. INJURY OCCURRED WHILE NOT WHILE AT WORK TO A CONTRIBUTION OF THE NOTION OF THE NO	21b TIME COND 21b TIME CHOR A P 21e PLACE (AT HOME. ST 10p(tal) attended the body 11e CON Market 12b DATE 12-29	OF INJURY M. MONTH DAY Y M. MONTH DAY Y M. OF INJURY REET FACTORY, OFFICE, FARM, E1 College death, 19 23c NAME	EAR 19 211 LOCATION SIREE1 , and that is (my) four) opinion DEGREE ATTENDING PHYSICIAN 170 ADDRESS OF CEMETERY OR CREMATORY Trection Cemete	YES NO IN CERTIL YES NO IN IN	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2) COUNTY STATE 19 4, that (1) (ye) lose or and from the causes stated 22c. DATE SIGNED COUNTY STATE A COUNTY STATE COUNTY STATE COUNTY STATE COUNTY STATE

DHMH - 16 50M 4/8 (VRA 15, 4)

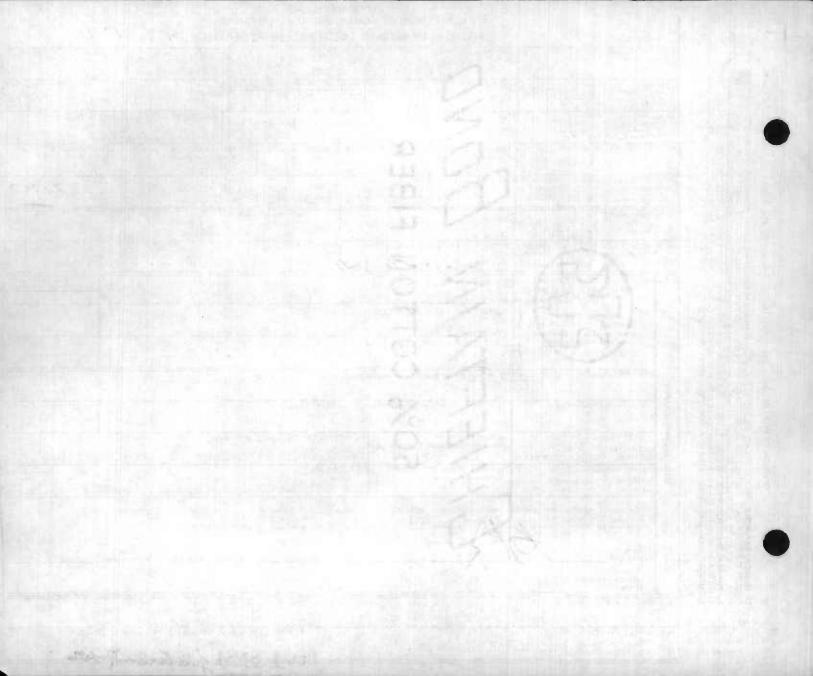
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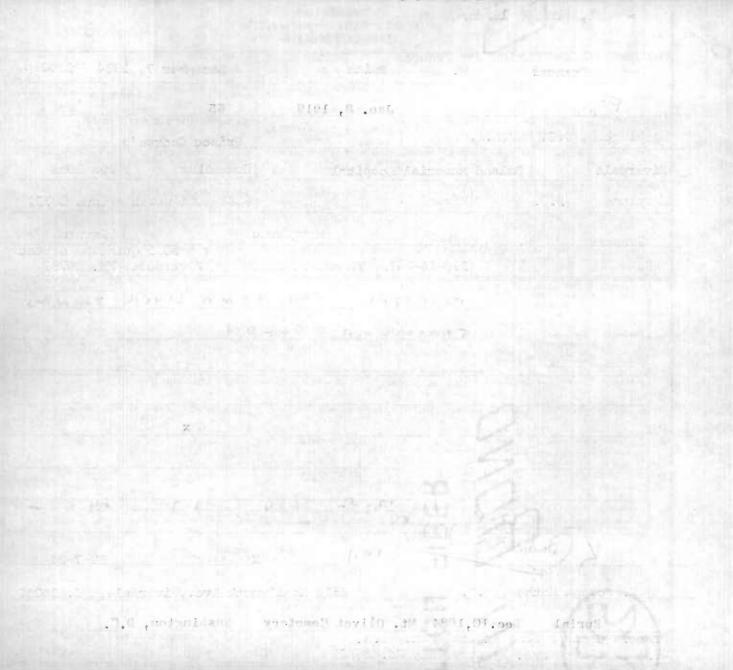
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH S REGISTRAR DECEASED NAME 28. DATE KNOWN TY MONTH (TYPE OR PRINT) OF ESTI-RAY Billy Smith 8/ 1984 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. TIE UNDER 24 HRS DATE LAST BIRTHDAY RONOUNCED Male. White DEAD 8/ 1984 15 1959 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Y Washington, DC USA Prince George's County WIDOWED FILED, B. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) none 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F Laurel Greater Laurel/Beltsville Hospital lisabled JOUAL RESIDENCE (IF IN NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) HOward 13c CITY OR TOWN Maryland 13d INSIDE CITY HMITS? 13e STREET ADDRESS 20707 auro, Bessie Ellen Seal DOLE Walter D. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? TAB. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LIF YES GIVE WAR OR DATES 78-3634 Larry Seal 820 8th St. Laurel. Md CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N. OR REMOVAL. Cranio-cerebral Injury IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 196 DATE OF OPERATION E 3 SHOULD BE USED.

DEPARTMENT OF HE

DEPARTMENT OF HE 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 2Tc. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 5:30RM subj. crossing street in wheelchair, hit by CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SAFTER BATH, WITH THE STATE BE BALTIMORE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) WHILE AT WORK highway #1. Northbound, Laurel, Howard, Md. 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Accident X death resulted from: Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL 12/9/84 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. Penn St. (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATOR 23d LOCATION Dec. 11,1984 Seal Family Cemetery Etchison. Burial Maryland 07/B4 25M 1256 REGISTRAR'S SIGNATURE **DHMH** - 17 Donalfdson Funeral Home, Laurel, Md (VR A15 ME (5))

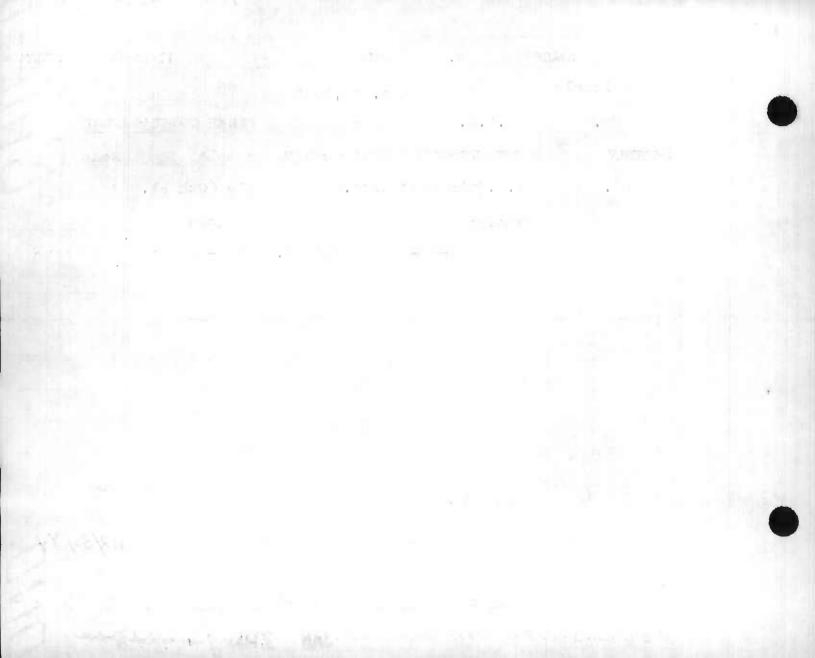


1	1-	#1, FilmG5 FOR STATE REGISTRAR	98 22/24/84 km DEPARTI	STATE OF MARYLAN MENT OF HEALTH AND MI CERTIFICATE OF DE	NTAL HYGIENE	4 4 7 8
7		CEASED NAME AKA FRST POR PRINT) Frances		Smith	20. DATE OF DEATH Decemb	MONTH DAY YEAR 26 H
rs offer (3. SE:	Female	4.RACE White	5. DATE OF BIRTH MONTH DAY Jan. 8, 191		MONTHS DAYS HOUR
of or	Wa	RTHPLACE (STATE OR FOREIGN Shington, D.C.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MA	RRIED XI Prince G	
and filed with	Ri	ty or town of death verdale	II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Leland Memoria	L Hospital	UTION 120 USUAL OCCUPA LTYPE OF WORK FOR MOS Homemaker	TOF WORKING LIFET INDUSTRY
should be	130 S Ma	ryland P.G.	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13t. CITY OR JOY Riverdal	N 13d INSIDE CIT		S/ZIP CODE lworth Avenue 20
examin 2		THER'S NAME FIRST Francis	M. Smith		garete MIDDLE	Noonan
s. Pages	léa V	VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 579–14–8			9823 Quintana St erdale, Md. 2073
Then please remaye car or ta burial, crematian, ar rinjury, ar ather traumati	NOI		DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF		
shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	7.5	YES NO.	206 IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI YES \(\) NO
rental Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	JRY OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PART 2)
se as the bu	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 certify that (I) (this hasp	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, intal) attended the deceased from		CITY OR	TOWN COUNTY
State Dept. of He		saw the deceased olive or above, (1) (wet (did)) (did n 22b. SIGNATUR [®]	ot) view the body after beath.	DEGREE AT PH		date and hour and from the causes 22c, DATE SIGN
should be do with the Stat		K. Joseph Mat	chew, M.D. 1 23b. DATE 23c.	NAME OF CEMETERY OR CR	CITY OR TOWN	COUNTY
	773-61	Burial	Dec.10,1984 M			gton, D.C.



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	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7 9
1		EASED NAME FIRST	WIDDLE	LAST	28. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
- 1	(TYPE	GRACI	E B.	SMITH	12-30-	84 3:30A)
2	1. 5E	Female	Black.	5. DATE OF BIRTH MONTH Dec. 23.1906		UNDER 1 YEAR IF UNDER 24 HRS WHS DAYS HOURS MIN.
53		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MOVED	PRINCE GEORGE'S	
74	CI-	TY OR TOWN OF DEATH	PRINCE GEORGE'S	GENERAL HOSPITAL		126. KIND OF BUSINESS OR INDUSTRY None
26	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13. CITY OR TOW P. G. Fairmoun	N 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 729 60th Pl.	20743
60	14 F.	THER'S NAME FIRST	unknown (AST	. 15. MOTHER'S MAIDEN NAI	ME MIDDLE UNKNOWN	LAST
medica		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	0 - 1	White-Same as /	# 13 above
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), and ED BY:	e Renal Fa.	lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
jury, or other traumo	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I		CPSIS.	IN PART 1(0)
\overline{Q}	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH? NO
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
'	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
m 21 is mo			ortal) oftended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE	death occurred on the date and hour of	, that (I) (we) lo nd from the couses stated 22c. DATE SIGNED
2		A Alia	1 1			
MPORTANT, # Ne		PHYSICIAN'S NAME TYPE	Turkowita	2500 Green De	POIRECTOR PHYSICIAN DE PHYSICIA	
N. T.		PHYSICIAN'S NAME TYPE TOOT URLA CREMATION, REMOVAL	L 23b. DATE / 23c. P	PHYSICIAN (DIRECTOR PHYSICIAN DIES PARK, PARK,	. , , , , , , , ,



AND AND THE THE PROPERTY OF THE PERSONAL PROPE - 100mm (10mm) | 10mm THE REPORT OF THE PARTY OF THE The Landing Continues of Spinishers and the Landing Street, the Continues of the Continues AND THE RESERVE OF THE PARTY OF SHARE

	DECEASED NAM	E FIRST		MIDDLE	EXAMINE	1.6	ST	0		DATE KI	NCO. I	MON	NTH DA	Y YEAR	2b HO
10.0	(TYPE OR PRINT)										ESTI:	_	2/1	81	
NEW T	SEX	Theodo	5. DATE OF BIRT	John	6 AGE (IN YEAR	S IF UND	mith ERIYR, IF	UNDER 24		DATE	AATED	MONT	TH DA	17	
63	Male	Black	April 6	Y YEAR	61 YRS	MONTHS		DURS M		DEAD	ED	1	2/2	19 84	3. HO
1	BIRTHPLACE (S	TATE OR	76. CITIZEN OF	WHAT COUR			D NEVER	MARRIED	9 1	BALTIMO	RE CITY	OR COL	UNTY O	DEATH	
100	Md.		USA			WIDOWE		ONORCED		rinc	e Ge	orge	1 8 0	County	,
01 A SE	CITY OR TOWN	OF DEATH			RSING HOME,	OR OTHE	RINSTITUTIO	N 12	a USUAL	OCCUPA TOF WORKIN	TION (T	YPE OF WO	12h 1	KIND OF BU	ISINESS
24	Bowie		Box 2	54, 4m	Street			R	et.					Unkno	
24	AL RESIDENCE STATE	(IF IN NURSING HOME OF			BEFORE ADMISSION	1	3d. INSIDE CITY L	IMITS? 13	e. STREET	ADDRESS	S	3.17		2,07	16
21	Maryland		George	's B	owie		YES X	NO 🗆	Box	254.	41	Stre	et	XU II	
4 14	I. FATHER'S NAM		MIDDLE		LAST	1	5 MOTHER'S		NAME	MIDI	DLE			LAST	
01		Unknown					Ma	ry				Smi	th		
1 16	(YES, NO, OR UNKN	D EVER IN U.S. ARM	VAR OR DATES)	166 SO	CIAL SECURITY	NO.	7. INFORMAN	NT			ADDRES	SS			
11	No			217	7-16-101	1	Mrs. N	ita P	arke	r/sou	ısin,	/sam	e as	13e	
SIN I	18 CAUSE C	OF DEATH (Enter only EATH WAS CAUSED	one cause per li	ine far (a), (b), and (c).)								81	APPROXIMAT	E INTERVA
TH AND		IGNIFICANT CONDITIONS C		Con	ATED TO THE TERMIN	AL DISEASE O	OR CONDITION GI	VEN IN PART 1	10						
7 X	2	OPERATION	Non-		WHICH OPERA	TION WA	S PERFORME	D2	_				120	AUTOPSY	2
0	19a DATE O													7010131	
2	None None					11011 117							20	YES 🗍	NO B
2	None	AL CAUSE WAS		OF INJURY	DAV VEAS	No.	W INJURY OC		ENTER NAT	IRE OF INJUS	RY IN ITEM I	IS PART I O	911	YES 🗌	NO D
1	None 21a EXTERN	AL CAUSE WAS OR NG CAUSE OF D	HOUR A	.M. MONTH	DAY YEAR	21c. HO	lone		ENTER NATI	URE OF INJUR	RY IN ITEM I	IB PART I O	911	YES 🗌	NO D
8	UNDERLYING	AL CAUSE WAS G OR NG CAUSE OF D OCCURRED	HOUR A	.M. MONTH	19 (AT HOME,	21c. HOV	lone			URE OF INJUS		TB PART TO	911	YES	
ATE DEPARTA	UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK	AL CAUSE WAS OR NG CAUSE OF D OCCURRED NOT WHILE AT WORK	HOUR A P P Ple PLAC STREET, F	.M. MONTH .M. E OF INJURY ACTORY, FARM, I	(AT HOME,	21c. HOV	ATION EET In	OSPECTION	· ·	Inquiry	X .		DR PART 2)		
8	UNDERTYING CONTRIBUT 71d. INJURY 1 WHILE AT WORK 22a. cert death resul	AL CAUSE WAS OR NG CAUSE OF D OCCURRED NOT WHILE AT WORK	HOUR A EATH P 71e PLAC STREET, F	.M. MONTH .M. E OF INJURY ACTORY, FARM, I	(AT HOME,	21c. HOV	Ione ATION EET	ospection [c	Inquiry	X .	and in my	COUNTY y apinian		STAT
201	UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK	AL CAUSE WAS OR NG CAUSE OF D OCCURRED NOT WHILE AT WORK	HOUR A P P Ple PLAC STREET, F	.M. MONTH .M. E OF INJURY ACTORY, FARM, I	(AT HOME,	21c. HOV	ATION EET In Homicide TITLE (SPEC	aspection [C Undeterm	Inquiry Industrial	ner	and in my	COUNTY y apinian		STAT
2	UNDERTYING CONTRIBUT 71d INJURY WHILE AT WORK 22a cert death resul	AL CAUSE WAS OR NG OR NG CAUSE OF D OCCURRED NOT WHILE AT WORK lify that I took charge	EATH PLACE STREET, F	.M. MONTH ,M. E OF INJURY ACTORY, FARM, I described ob. Accident	(AT HOME, STC.)	21c. HOV	ATION EET In Hamicide TITLE (SPEC	aspection [Undeterm	Inquiry ined man	ner Road	and in my	COUNTY y opinion	12/3	STAT
S.	UNDERTYING CONTRIBUT 21d INJURY WHILE AT WORK 22a I cert death resul	AL CAUSE WAS OR NG CAUSE OF D OCCURRED NOT WHILE AT WORK Ify that I took charge led from: Nature	HOUR A P Ple PLAC STREET, F e all the remains a	.M. MONTH .M. E OF INJURY ACTORY, FARM, I described abo Accident	(AT HOME, etc.) ave, held an Suici	211. HON	ATION EET . In Homicide TITLE (SPEC	aspection [Undeterm	Inquiry Induiry Ined man	ner Road	and in my	COUNTY y opinion	12/3	STAT
2	UNDERTYING CONTRIBUT 71d. INJURY WHILE AT WORK 22a. I cert death resul	AL CAUSE WAS OR NG CAUSE OF D OCCURRED NOT WHILE AT WORK Ify that I took charge led from: Nature NAME NT) Joh CTION, REMOVAL 23	HOUR A P 21e PLAC STREET, F e al the remains c pl causes A D D D D D D D D D D D D D D D D D D	.M. MONTH .M. E OF INJURY ACTORY, FARM, I described abo Accident	(AT HOME, GTC.) AVE, held an Suice	211. HOV	ATION EET Homicide TITLE (SPEC	aspection [Undeterm	Inquiry ined man	X coner Road	DA SIO	COUNTY y opinion	12/3 Md.	5/84
BALTIMORE, MARYLAND, 21201	UNDERTYING CONTRIBUT 21d INJURY WHILE AT WORK 22a I cert death resul	AL CAUSE WAS OR NG OR NG CAUSE OF D OCCURRED NOT WHILE AT WORK Ify that I took charge led from: Nature NAME NTION, REMOVAL 23	HOUR A P Ple PLAC STREET, F e all the remains a	.M. MONTH .M. E OF INJURY ACTORY, FARM, I described abo Accident	(AT HOME, etc.) ave, held an Suici	211. HOV	ATION EET . In Homicide TITLE (SPEC	aspection [CUN determ	Inquiry Inquir	ner ARROAD MON	DAN SIGNATURE CONTRACTOR CONTRACT	COUNTY Y OPINION COUNTY	12/1 Md.	5/84

x 12/1 c+1. Smith Theodore Total BLICK risle Frince Gere's County Fox 245, the Street sowie Box 245, 4th Street Maryland rrince George's Bowie Acute myoc rdial distase Years cironic myocardial direase. .lone None None 12/3/84 Deputy 1919 Seminary Read Silver spring, hontgemery, Mo. John D. Mogers, M.D.

STATE OF MARYLAND

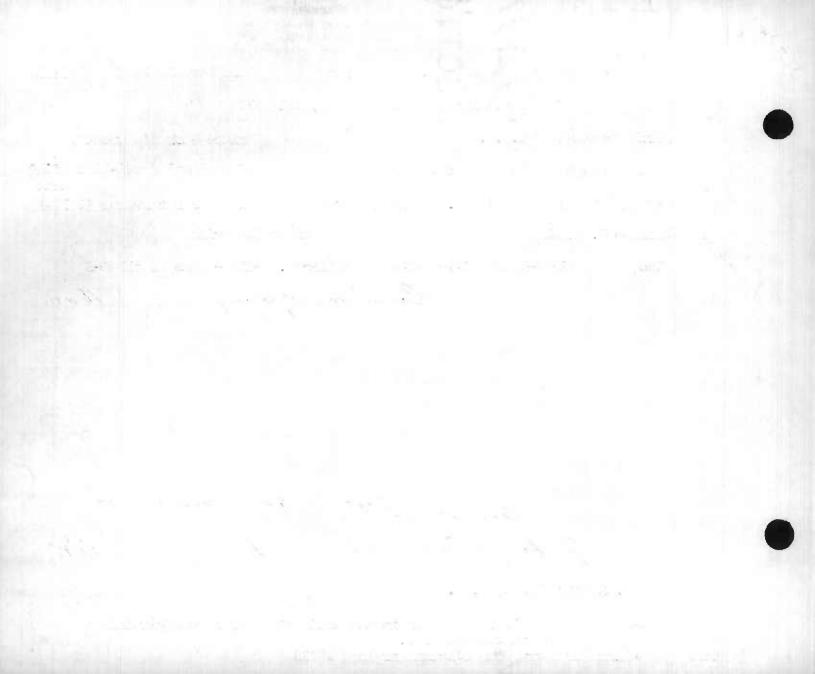
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5 4	Sou	0	Lug
REG. NO.			1

ROGER ROGE	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 3 4	8 2
ROGER ROGER RACE CAUCASIAN JOAN CALL A GE (PRIMARISAS BERICAN) CAUCASIAN JA CHIZEN OF WHAT COUNTRY? A GREEK MARRIED CO. B MARRIED		MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
SATE SOLIC FORTH SATE		Emerson	Smith	December 31, 19	84 8:55P M
Caucasian January 16, 1914 70 76 76 76 76 76 76 76				6 AGE (IN YEARS LAST BIRTHDAY)	
B. BATTMORE CITY OR COUNTY OF DEATH MARRIED MARRIE	Male	Caucasian		1 70 VRS	MONTHS DAYS HOURS MIN.
North Carolina U.S.A. WDOWED DMORED Direct Carolina D. SAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION The USUAL CEUTATION The Usual Ce	7a. BIRTHPLACE (STATE OR FOREIGN		? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Incorporation Incorporatio		U.S.A.			County MD
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Old Alexander Ferry Road Clinton Maryland 20735 JAN 3 1985 Junio Davidson Maryland 20735				AN 3 TOOK Linker	Daydon-Hondalla

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TO FUNERAL DIRECTOR.



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MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATHS

3 4

-	REGISTRAR					ICATE OF DEATHS	REC	S. NO.		-	
Ī	DECEASED NAME	FIRST	M	IDDLE	L	AS1	20 DATE OF DEAT	н момтн	DAY	YEAR	2b HOUR
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T	SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UND	DAYS	IF UNDER 24 HRS.
L	Male		Black		Jul		51	YR		DATS	HOURS MIN.
Ŧ	BIRTHPLACE (STAT	E OR FOREIGN	b. CITIZEN OF V	VHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIMORE CI	Y OR COUP	NTY OF D	EATH	
k	Marylar	nd	USA		WIDOWE		PG				WE
1	Camp Spr		(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS	ospital	17g USUAL OCCU (TYPE OF WORK FOR M COME		G HEEL IN	DUSTRY	F BUSINESS OR
	JUAL RESIDENCE (#	NURSING HOME OR	OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	RE ADMISSION)		1			_	-011
1	Marylan	d PG	IY	Cap. H	Igts.	YES NO	921 Or	us A	venu	ie «	2074
T	4 FATHER'S NAME					15. MOTHER'S MAIDEN N.	AME				
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	ves	(, , , , , , , , , , , , , , , , , , ,	THE ON DATES!	215 28	3 187	Sarah Sn	nothers-v	vife-	921	Opu	s Ave.
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	E E						YES NO		YES 🗌	CHOSES	NO [
	OR CONTRIBUTING OR CONTRIBUTING	CAUSE OF DEA	P.A 21e. PLACE C	A. MONTH D	19	211. HOW INJURY OCCUI		OR TOWN		OUNTY	STATE
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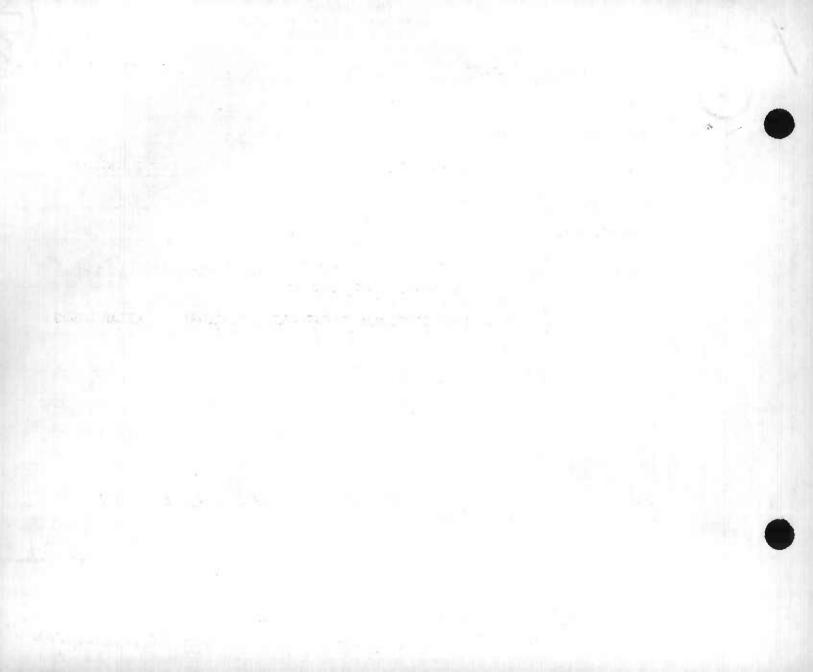
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(VRA 15, 4)

una Davidson-Mandales

Home-4001 Benning Road, NAN 2

1985



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D.	10-17	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYO ICATE OF DEATH	BENE 4 3	4 4	8 4	į
		1. DE	CEASED NAME FIRST		MIDDLE	ı	AS1	20 DATE OF DEATH	MONTH DAY	YEAR 26.	HOUR
	eo th	(1117)		ARLES	W.	SC	RRELS		12-02-84	1	10 :49 AM
	Pag r de	3. SE		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTE			UNDER 24 HRS
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ž	within within d 2 st		ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
MAM	p of du of	C:	larence	WIDDLE	Sorrels		Minnie	WIDDLE	В	alser	
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E C	n and con medical	44.4		W.II	224-07-	9110	Mrs. Cather	ine Sorrels	No# 13	3e.	
FI	sicio sicio pers al.		18. CAUSE OF DEATH (Enter	only one couse p	er line for (a), (b), an	d (c).)	11	1		APPROXIMATE BETWEEN ONSE	T AND DEATH
	ph)		PART I. DEATH WAS CAU	JSED BY: IATE CAUSE (a)_	(erebi	-2/	Hemit	nhage		9 hou	us
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	retoined by the TO FUNERAL D should be detoined by the Shotel D with the Stote D MPORTANT. If		Thomas M. H	utchins,	M.D.		6214 Landov	er Road - La	ndover,	Maryl	and
	F 6 F 2 2 5	23e	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	COUP	NIY	STATE
	BP		Burial	Dec.	5,1984 M	aryla	nd Vet. Cemet		nam P.	G. Ma:	ryland
DH	IMH - 16 50M 4/83	24 F	UNERAL DIRECTOR		ADDRESS		25a. DA	TE REC'D. BY REGISTRAR	-	L	
	(VRA 15, 4)	F.	. Gasch's Sons	F.H. P.	A. Hyatts	ville	, Maryland F	4 1984	Laurds	ion-Aand	lall

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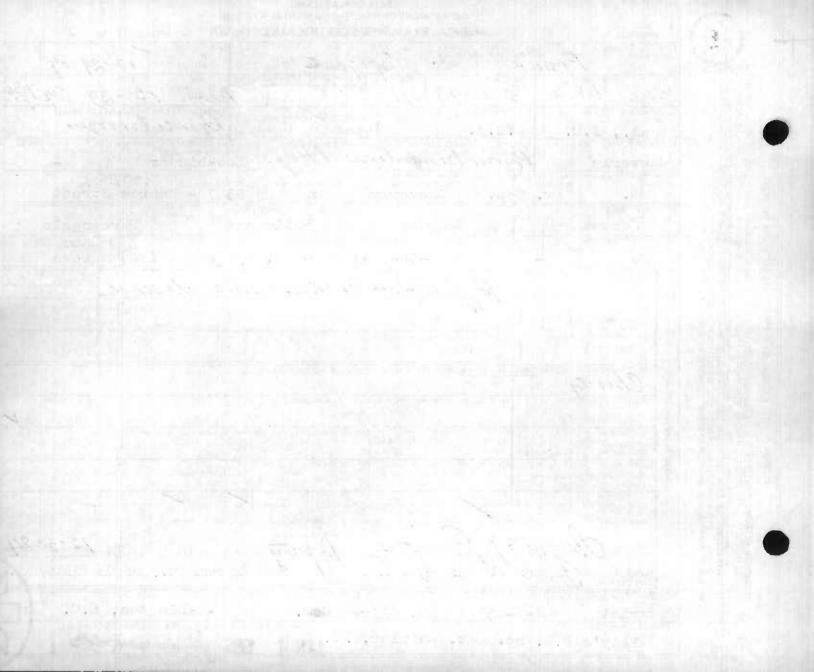
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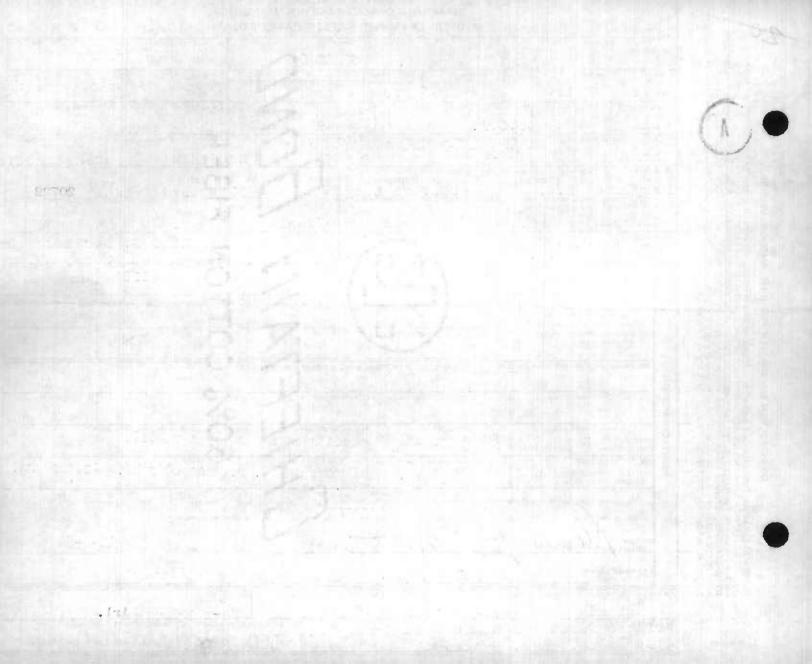
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FRANCISCO' 20 DATE KNOWN MONTH 2b. HOUR OF ESTI-(TYPE OR PRINT) Gone Spigone DATE OF BIRTH 4. RACE 6 AGE (IN EARS IF UNDER 24 HRS 2d. HQUR DATE LAST BIRTHDAY PRONOUNCED To BIRTHPLACE (STATE OR CITIZEN OF WHAT COUNTRY? 9. BANIMORE CITY OR COUNTY OF DEA MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED Wash.. D.C. WIDOWED 0. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET, ADDRES Bookbinder Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20784 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 3a STATE 136 COUNTY 13t, CITY OR TOWN 134. INSIDE CITY LIMITS? 13e STREET ADDRESS Geo. - Monroe Street Md. Pr. Cheverly YES X 5507 NO 1 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Joseph Spigone Philomena Darcangelo 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. ADDRESS Same as (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-56-1411 Ann E. Spigone (Wife No above 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b) and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Candiovoscular disease PART I DEATH WAS CAUSED BY: antensure IMMEDIATE CAUSE DUE TO AR AS A CONSEQUENCE OF 2 48 Canditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION E 3 SHOULD BE USED DEPARTMENT OF HE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO D 210. EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. If LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUIT THE CERTIFICATE. YEACH THE CERTIFICATE. TO FUNKAL DIRECTOR: PARTER DEATH, WITH THE STAR BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held on Autapsy Inspection death resulted from: Notural causes Accident Suicide Homicide L Undetermined monner EXAMINER'S NAME Augusto P. Rodriguez, Rayburn Ct., Temple Hills, Md. 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23 LOCATION Mt. Olivet Cem. Washington. Burial 1-2-85 BP_ 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE **DHMH - 17** F.H. Inc. ADDREST. Rainier, Md. was weerdoor (VR A15 ME (5)) 20M 4/B2



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO FUNERAL DIRECTOR: After this certificate has been signed OR ATTENDING PHYSICIAN: The low ottending physicion

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWNXX OF ESTI-BARBARA JEAN STOKES 12-31-84 4: RACE AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR DATE PRONOUNCED Black Female 12-31-84 B:30A 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Maryland U.S.A. DIVORCED Prince George's County DURS AFTER DEATH. IF ANY DELAY IS IN GIVE PAGES I. 2, AND 3 TO THE U. WITH FORM PM. 3. RETAIN PAGE INT. PAGES I AND 2 SHOULD BE FILLED. TO SUISION OF WIA RECORDS. 201 19. CITY OR TOWN OF DEATH Landover Road Apt. 214 Peoples Drug tore Prince George's 13a. STATE 1121 Nalley Rd., Landover, Md. 134 INSIDE CITY LIMITS? Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ella Smith Andrew Veola Smith (Sister) Capitol Heights, M 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 577-78-8409 No CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES XX NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING subject shot during altercation CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY AT WORK AT WHILE STREET, FACTORY, FARM, ETC.)
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TO FUNERAL DIRECTOR: PAG
AFTER DEATH, WITH THE STATI
BALTIMORE, MARYLAND, 212 220 I certily that I taak charge of the remains described above, held an Autopsy death resulted from TITLE (SPECIFY) ACTUAL Assistant DATE 12-31-84 EXAMINER'S NAME (TYPE OR PRINT) Penn Street 231 NAME OF CEMETERY OR C 23d LOCATION Burial Jan. 4,1985 Harmony Mem. Park Landover, Maryland 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** Rollins Funeral Home, Inc. (VR A15 ME (5))

Formula Black Fon IV 1957 בני. ריי. 1121 Sliev Rd., Landsvert, Ed. envotes s'egros sonir malvana S77-72-11.07 Veola Smith (Ulster) Cepted Delgoty, Hong Smalleral , revolue Juntal . Jan. 4,1985 Harmony Men. Park

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) 2-31-84 DEATH MATED WILLIE STOKES 1.RACE SEX . 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 1955 MALE BLACK 12-31-84 3:30A DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. WASHINGTON DC. Prince George's County DIVORCED 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Molin Rd. Apt. 214 Landover Window Washer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTE AND LESSENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 1136 COUNTY NO □ 1121 Nalley Road #214 20785 MD Prince Georges Landover 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME JANES STOKES SR. SHIRLEY 16b. SOCIAL SECURITY NO. 17 INFORMANT Shirley M. STOKES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 577-78-7309 5712 BLAINE ST. NE. WASH, DC. NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (O). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ED AS A F CERTIFICATION CATE, VIEW.
FORWARDED TO THE COSE AS THE STATE DEPARTMENT OF HEAT THE STATE DEPARTMENT OF HEAT TO BURIAL. 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH 245 M. 12-31-84 self.inflicted 21f. LOCATION 21d INJURY OCCURRED bedroom WHILE AT WORK 1121 Nolly Rd. Apt. 214 Landover, Maryland 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Undetermined manner Natural causes Homicide TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIREI AFTER DEATH, WITH BALTIMORE, MARY TITLE (SPECIFY) M. Assistant DATE 12-31-84 SIGNATURE EXAMINER'S NAME Margarita A Korell M.D. ADDRESS. (TYPE OR PRINT) 111 Penn Street 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE JAN 4 1985 HARMONY BP BURTAT LANDOVER 07/84 25M 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR **DHMH - 17** ROLLINS FUNERAL HOME 4339 HUNT PL. N.E. WASH! (VR A15 ME (5))

STATE OF MARYLAND

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Total Service Andrews (1997) and the service of the Control (entrol) (ent X TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem. 18 shows any injury, or other traumatic event, the medical examines must be profited at anke

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

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1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.	4 7 4	-
	CEASED NAME FIRST		M IDDI E		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(14ME	OR PRINT)	MARY	G.	STU	RGESS		12-	12-84	5 45PM A
3. SEX	(4 RACE	11,000,000	S. DATE (& AGE IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS AIN.
	Female	Whi	ite		7,1915	69	YRS		MAC.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	2Y2 8.	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
2.4	aryland	U.S.	Δ.	WIDOW			ORGE		MC
	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION		F BUSINESS OR
Ch	HEVERLY	PRINCE	GEORGE	S GENE	RAL HOSPITAL	Manager	I OF WORKING		Doine
USU	AL RESIDENCE (IF HURSING HON	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEI	FORE ADMISSION)					Dairy
		· G ·	Cotta	ge Cit	134 INSIDE CITY LIMITS?				207
	THER'S NAME		·	ge CIL	IS MOTHER'S MAIDEN N		rkwo	od Stre	er Zu/
	C 1 and a	MIDDLE	LAST	. 1	Roxie	MIDDLE		IAS Ca	nith
140 14	Claude VAS DECEASED EVER IN U.S	ADMED EODOES2	Richan				RESS	1311	II CH
	(IF YE	S. GIVE WAR OR DATES			17. INFORMANT (Hu				
	No		218-24	-3//3	William A	. Sturges	s,Sr		as 13e
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per	line for (a), (b),	and (ci.)	1	0		BETWEEN	ONSET AND DEATH
		DIATE CAUSE (a)	ande	ir -10	Imonary (crosest.			
	6 12 7		R AS A CONSEC	DUENCE OF	1				
	Conditions, if any, which		Depa						
	couse (a), stating the	DUE TO, O	R AS A CONSEC	QUENCE OF	0 0 0.			3	
	underlying couse lost	(10)	Chronis	= Re	nal Stalen	*			
0	PART 2. OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NOITION	GIVEN IN PART 1	0'
O									
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FINDI	
FIC						vec 🖾 . ve 🖼		RTIFYING CAUSES	
R			F 15 1 11 15 17		In How Bluery occ	YES NO		YES []	NO [
	210. ACCIDENT WAS UNDERLYING	110110 4	M. MONTH	DAY YEAR	ZIT HOW INJURY OCCU	URRED (ENTER NATURE OF IN	JURY IN ITEM	18 PART I OR PART 2)	
CAI	(IF EITHER NOTIFY MEDICAL EXAL		M.	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE			211. LOCATION	CITY OR	IOWN	COUNTY	STATE
2	AT WORK NOT WHILE	[AT HOME, SIT	REET, FACTORY, OFFI	CE, FARM, ETC.)	SINCE				
	220 I certify that (I) (this h	arnital) attended th	a deceased from	- 10-	23 10 8	4 . 12-	73	10 7.4	that (I) (we) last
	sow the deceased aliv	17 -	12	711	nd that in (my) (our) apinio	on death occurred on the	date and l	- 6	
	abave, (1) (we) (did) (di	d nat) view the bady	after death.			on deally occurred on line	dore and r		
	A. SIGNATURE	///	1	0	DEGREE			22c. DATE	SIGNED
	1/10-	+	1111-	V- 1	ATTENDING PHYSICIAN	DIRECTOR PHYS	AFF	13/	17/EK
	228 PHYSICIAN'S NAME (YPE OR PRINT)	-	16	22e ADDRESS	1		1	190
			F	/	1 Hann	7 66	1.11.	-Chear	- /
	DENNI	5 /.	ran	6 MD	11108/	11-100	2/1	- 11608	Ma
	BURIAL, CREMATION, REMO	VAL 236. DATE	2.	3c. NAME OF	EMETERY OR CREMATOR	Y 23d. LOCATION		COUNTY	STATE
. 3	Burial	Dec.17	.1984 F	t. I.i	ncoln Ceme		T 7.7.0.04		/
24 ₁ F1	rancis Gasc	h's Sono	Funor	al Ha	m o P A 250 D	ALE REC D. BYREGISTR	R 25b. REG	ISTRAR'S SIGNAT	Maryla
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4/	39 Baltimon	e Ave.	nyarts	ville	MU 20/811		7		

DHMH - 16 50M 4/B3 (VRA 15, 4)

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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L	- STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.		•
	DECEASED NAME FIRST TYPE OR PRINT) MARGA	RET CECEI	011		DATE OF DEATH MONTH	26-84	7:45PM
3.	FEMALE	4. RACE WHITE	5. DATE O		AGE (IN YEARS EAST BIRTHDAY)	IF UNDER TYEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
10	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHA	T COUNTRY? 8 MARRIED WIDOWE	NEVER MARRIED	PRINCE GEORGE	TY OF DEATH	Y MD.
- 19	CHEVERLY	11. NAME OF HOSP (IF NOT IN SUCH FACE PRINCE G	PITAL, NURSING HOME OF ILITY, GIVE STREET ADDRESS). GEN	EDAL HOSP	to. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING SUDERVISOR	G LIFE) INDUSTRY	st Office
13	BUAL RESIDENCE (IF NURSING HOME BATYLAND FATHER'S NAME	Geo's	residence before admission) CITY OR TOWN PPER ARIDORO	13d. INSIDE CITY LIMITS? YES NO X		oo∈ & xenue/2	0772
ď	Patrick McGa	MODIE	LAST	FIRST UNKN	MIDDLE	ŁAS	ī
16	WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO.		411 Central A		20772
200		(c)	A CONSEQUENCE OF	NOT RELATED TO THE TERMIN	al disease or condition	GIVEN IN PART 1:0	0
- CATA	19a DATE OF OPERATION 2)a. ACCIDENT WAS UNDERLYING	1% CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	IN CE	YES, WERE FINDIN	OF DEATH?
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCCURRED	YES NO ()) (ENTER NATURE OF INJURY IN ITEM	YES	NO [
1	21# INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF IN (AT HOME STREET, FA	NJURY ACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OF TOWN	COUNTY	STATE
	228.1 certify that (I) (this has saw the deceased alive above, (I) (we/(did) (did) (deoth. 19 14 , ap		oth occurred on the date and	/	
	Dr Dav of A	uder		884 Cunn	y Lar M.	red so	11/5
23	Burial, CREMATION, REMOV	\$2/29/84		tion Cemetery	Clinton(Pr.G	eo's) Mar	yland

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the

ichard A. Coleman -Upper Marlboro, Md. 20772

IAN 2 1985 Julia Davidson



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH RECUSTRAR L DECEASED NAME 2a. DATE OF DEATH 7h HOUR (TYPE OR PRINT) Raymond Mansfield Sullivan December 4. 1984 7:04 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 6-26-1909 Male Cau. 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington, D.C. USA Prince Georges WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Plumber INDUSTRY Clinton Southern Maryland Hosp, Center Union MAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Rt. 1, Box 15-A 20695 Charles 1134 INSIDE CITY LIMITS? 32 CITY OR TOWN 134 INSI Maryland 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sullivan Elsie Wheatley Wister 166 SOCIAL SECURITY NO. 17 INFORMANT 6 WAS DECEASED EVER IN U.S. ARMED FORCES? 577-05-3851 Catherine M. Sullivan, Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS, A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG O 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOX YES [210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated obave (I) (we) Idid) (did not) view the body ofter death 17h SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 12-4-84 the Sp 224 PHYSICIAN'S NAME 22 RADDRESS Maryland 20601 Dr. Timothy Pace, M.D. 730 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23h DATE Cremation 12-8-84 Huntt Crematory Waldorf. Charles, Md. 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 1984 Julia Davidson Gandelle (VRA 15, 4) Huntt Funeral Home, Waldorf, Marvland

Reymond Mane Plotte Sulfishen Buckmarch, 1886 :7:04 5 . 11 6-26-1909 - 6-36-35 ABOX520 aprili ASU 300 noranzileal Clinton | Conthern Manyland Rose, Center Plumber | Union Maryland Charles White Plains X Ht. 1, Box 15-A 200 Mail \$77-05-3851 Catherine H. Sullivan, Same on \$13 12-1-31 Crumation 12-5-ct Huntt Crematory Malinet, Charles, Md. Buckt Funeral Hose, Delege, Wardland

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June Tung L How Silling and Committee

24 FUNERAL DIRECTOR VES - PERFSONG TONES

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CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH 2b. HOUR 12/17/84 11:45pIF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S COUNTY MD. 12b. KIND OF BUSINESS OR HOUSEWITE OF WORKING LIFE TRUMEY 325 TET ADDRESS ZIP CONTIVE 20601 LAST son same address as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EFTLOWERLEBE 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (earl opinion death occurred on the date and hour and from the causes stated 23d LOfferkins, Kentucky STATE

STATE OF MARYLAND

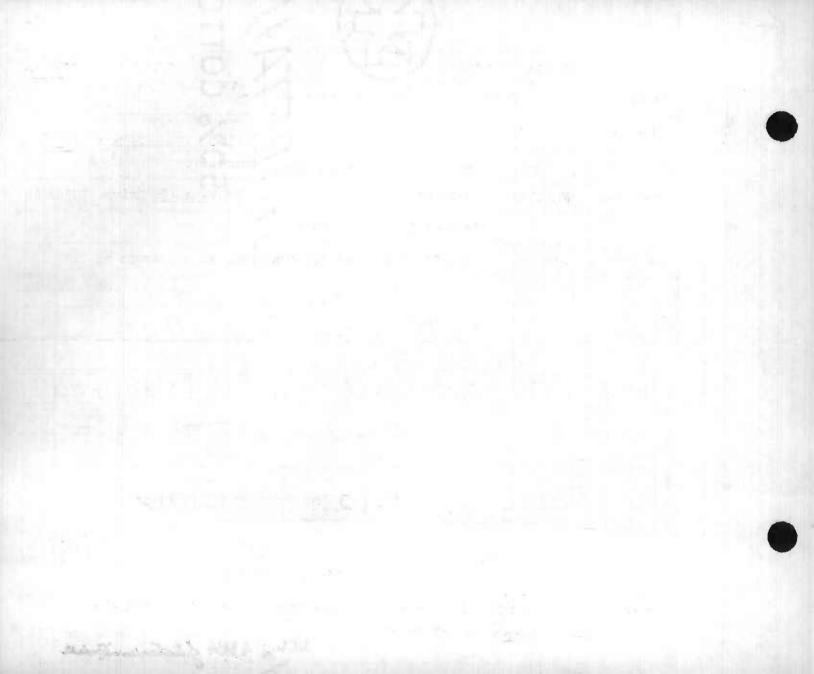
DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

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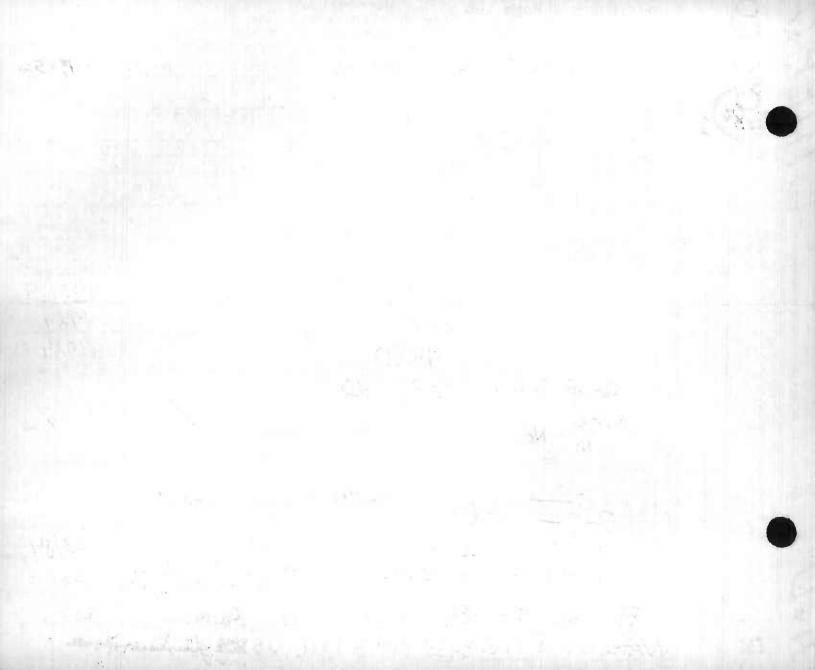
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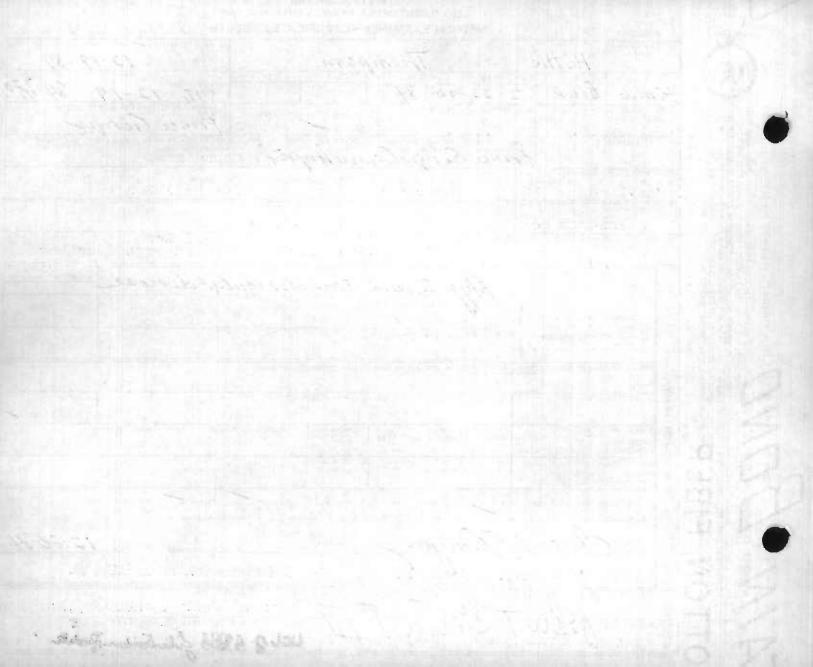


3		per Funeral - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	98
may be		EX	A RACE	THOM AS S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)"	3 - 84 10 05 M
_ (1)	12	FEMALE	BLK	AUG. 13 1902	82 YRS.	
		SIRTHPLACE (STATE OR EOREIGN COUNTRY) N. C.	USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐	9 BALTIMORE CITY OF COUNTY	OF DEATH MD.
201 Ty the fu	5	ADELPHI	PRES. WOODS	NURSING HOME	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
AND 213	3"	MD.	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	GE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 3141 BUNKER I	HILL RD. 20722
AARTI CALL	2	ATHER'S NAME FIRST MARCELLUS	MIDDLE LAST BAUCO	DM ROSETTA	MIDDLE	VILDER
IMORE, A	1 160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE		ADDRESS	
ST., BALT reficete è physicia on papera emanal event, the		PART I. DEATH WAS CAUS	only one couse per line for (o), (b),		vna	BETWEEN DINSET AND DEATH
death or otherding over corb drian, or in		Conditions, if ony, which	DUE TO, OR AS A CONSEC	UENCE OF		1984
That the sale remo		gove rise to immediate couse (a), stating the underlying couse lost.	due to, or as a consec	OUENCE OF		1984
DRDS, 20 requires or re buris	NO	Romal F	where, HBI	O DEATH BUT NOT RELATED TO THE TERM		
ALRECO	CERTIFICA	None None		CH OPERATION WAS PERFORMED	YES NOW YES	
ICLAN. G physical continues individual hyg	11	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18. PA	RT 1 OR PART 2)
WISION A PHYS artendor The Phys A the bu	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
TIENDS AF TOR A For use a per Health		sow the deceased alive of	prior) of tended the deceased from		, to death occurred an the date and haur	9, that (I) (we) lost and from the causes stated
ALOR A the host ALOREG detached detached inte Dept.		226. SIGNATURE BE	atruck on mo		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
O HOSFIT Princed by TO FUNER And the Stu	/	274 PHYSICIAN'S NAME (1998	Patric KI		21 Colesville for	d 20910
BP	L	BURIAL, CREMATION, REMOVA	23b. DATE 23 12-2-84 (NAME OF CEMETERY OF CREMATORY	ALBURN	COUNTY N.C. STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	1	VATSON F. 1	1. Inc. 3435	14mS. DOLC U	5 1044. Julie Veridon	AR'S SIGNATURE



X		RDS, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	~ ~
1. DECEASED-NAME (Type or print)	First Middle William	CERTIFICATE OF DEATH Lost Thomas	20. DATE OF DEATH Dec Day	Yeas 2b. House
3. SEX Male	4 RACE White	S. DATE OF BIRTH April 12,	6. AGE (In years last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
6. BIRTHPLACE (State of country)		8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH P.G.	M.4
0. CITY OR TOWN OF DI Forestvi	lle give street oddress) Regency	Nursing Home during	UAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Forestvi Ja. USUAL RESIDENCE (I odmission) STATED. II. FATHER'S NAME Jai 16a. WAS DECEASED EVE Yes, no, or unknown) Yes PART I. DEATH	Albara daraged field if institution Deciders L	efore 13c. CITY OR TOWN 13d. INSIDE CITY WashingtomYES		St. N.W.
	mes L. Thoma	Effi	ie E.	lost Hancock
16a. WAS DECEASED EVE Yes, no, or unknown) Yes	R IN U.S. ARMED FORCES? (If yes give war or dates at service) 16b. SOCIAL SECT 577–38 NTH (Enter only one cause per line for (a), (b), o	3-9608 Mrs. Doroth	Address ny L. Davis, Mad	dox, Md. 206
Conditions, if ony, rise to immediate stating the under last. PART 2. OTHER SIG	vouse (a). (b) Due TO, OR AS A CONSEQUEN (c) NIFICANT CONDITIONS CONTRIBUTING TO DEATH I	CE OF BUT NOT RELATED TO THE TERMINAL DISEASE OF		
190. DATE OF OPERA		YES NO [_	
OR CONTRIBUTING [CAUSE OF DEATH HOUR A.M. Month Day P.M.	Year 19	er nature of injury in Part 1 or Port 2, It	tem 18.)
While Not whi		(EET, FACTORY.) 21 f. LOCATION Street or R.F.D. N		County Stote
saw the d	hat (I) (this haspital) attended the de leceased alive an	ceased from, 19, 19, 19, 19 19, and that in (my) (our) ap the body ofter deoth.	, ta, 19_ pinian death accurred an the dat	, that (I) (we) last te ond haur and from the
22b. ŞIGNATURE 22d. PHYSICIAN'S NAME (Type)	han Kent Durit	22e. ADDRESS	MED. STAFF DIRECTOR PHYS.	12-26-84
23a. BURIAL, CREMATION		11701 Liv F OF CEMETERY OR CREMATORY red Heart Cem.	ringsten Road Ft. Wa 23d. LOCATION (City or Town) Bushwood, St. Ma	
24. FUNERAL DIRECTOR		DRESS 2So. REC'D		SIGNATURE Randale

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATED F DEATH REGISTRAR 75 HOUR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED 2d HOUR & AGE (IN YEARS | IF LINDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS SEX DATE PRONOUNCED -00 To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED -DIVORCED II.S.A Wash. D.C KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Charwoman AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 904 Hill Road STATE : 136. COUNTY 13r CITY OR TOWN 13d INSIDE CITY LIMITS? Landover PG Maryland NO [] 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ellsworth Holland Etta Ouander 166 SOCIAL SECURITY NO. 17 INFORMANT 904 Hill AROSAS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO. OR UNKNOWN) Vivian Richmond-granddaughter 579 18 7553 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per Wester to), (b) Tensent Cardisvascular disease PART I DEATH WAS CAUSED BY DUE TO AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNRAL DIRECTOR: PAFTER DEATH, WITH THE SITE ABALTIMORE, MARYLAND, 2" 22a I certify that I took charge of the remains described above, held an and in my opinion Homicide ____ death resulted fram: Natural causes Undetermined manner Deputy (SPECIFY) 5009 Rayburn Ct., Temple Hills, Md. EXAMINER'S NAME Augusto P. Rodriguez, M.D. TYPE OR PRINT 230 BURIAL CREMATION THE NAME OF CEMETERY OR CREMATORY Landover, , Mary lan Memorial Park Burial Harmony 24 FUNERAL DIRECT **DHMH** - 17 VR A1S ME (51) 20M 4/B2



DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

n ,	-3	A.	27	- 0
3	6	. 3	U	- 1
REG. NO.		-		

1	REGISTRAR		CERTI	ICAIL OI DEATH	REG. NO.	
T	DECEASED NAME FIRST	MIDDLE	E	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	JOSEPH	I	. THO	MPSON.	12-0	1-84 8:43 am
	SEX	4 RACE	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	Male	Caucasian	Octob		36 YRS	MONTHS DAYS HOURS MIN.
7	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
V	ashington, D.C	. U.S.A.	WIDOWI		PRINCE GEORGE!	S COUNTY MD.
T	CITY OR TOWN OF DEATH		PITAL, NURSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
4	CLINTON		MARYLAND HO	SPITAL	Disc Jockey	Radio
1	SUAL RESIDENCE (IF NURSING HO 136 STATE 136.	ME OR OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSION)	1.13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL	DE 20748
44.	Maryland Pri	nce George F	Hillcrest He		130 STREET ADDRESS / ZIP COL 4229 - 24th Ave	enue
A	FATHER'S NAME	MIDDIE	IAST	15 MOTHER'S MAIDEN NA		IAST
1	Joseph		nompson	Lydia	R.	Brown
P	WAS DECEASED EVER IN U.S.	C COCHIO CO D. IEC.	SOCIAL SECURITY NO.	17 INFORMANT	4229 -	24th Ave.
L	No OR UNKNOWN) (IF YE	2.	19-58-8748	Joseph B. Th		est Heights, Md.
Г	18 CAUSE OF DEATH (Ent	er only one couse per line	for (a), (b), ogd (c).)	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CA	AUSED BY.	avdiac	Hrrost	7	Minutes
	IMME	DIATE CAUSE (U)		711		1/1/
н		DUE TO, OR AS	A CONSEQUENCE OF	10 A 11	N +1/	1 4
1	Conditions, if ony, which		raus poss 7	100 01 Th	a speak vesse	1 / cours
1	gove rise to immediat couse (a), stating th		A CONSEQUENCE OF	. 11	1 0	17.
н	underlying couse los	1.	Mu Sein Ita	1 Kenn	+ Disease	1 Pars
	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTE	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION G	IVEN IN PART TIO
1	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATIO	N WAS PERFORMED		ES, WERE FINDINGS USED
1	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN					TIFYING CAUSES OF DEATH? YES NO
T	21a. ACCIDENT WAS UNDERLYIN	11.00.100 1.11		21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART I OR PART 2)
			MONTH DAY YEAR			
	OR CONTRIBUTING CAUSE OF CAUSE	21e. PLACE OF IN		211 LOCATION		
	MULT NOT WHITE	LAT HOME STREET F	ACTORY, OFFICE FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	22a. certify that ## (this	-	centred from	1/2/2 10 0	1211	19 (we) lost
	sow the deceased oliv	e on 12	11 19 8000	nd that in (ps (our) opinion	death occurred on the date and he	
1	obove, of (we) (did) (did)	view the body often	deoth.	DEGREE		22c. DATE SIGNED
1	1	Va.	11	ATTENDING	MEDICAL STAFF	11/100
4	224 PHYSICIAN'S NAME I	IYH Careniti	_	PHYSICIAN [22e. ADDRESS	DIRECTOR PHYSICIAN	14/10
1		V. Kaufman		The state of the s	Mashington Rd., I	Pt Wash Md
1	30. BURIAL, CREMATION, REMO		23¢ NAME OF C	EMETERY OR CREMATORY	123d LOCATION	v. wasn., Md.
ľ	(SPECIFY) Burial	12/4/84		Hill Cemetery	CITY OR TOWN	COUNTY STATE
		11//11/01	Light	THE A PARKET	Suitland Pri	nce Geo. Marrian

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Oxon Hill Md. George P. Kalas Funeral Home

Cedar Hill Cemetery Su 160 Oxon Hill Rd DATE RECD.

itland Prince Geo. Maryl
BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

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	FOR STATE REGISTRAR			PEPARTMENT OF	HEALTH	AND MENTAL H		3 REGINO	0	2	
1. DEC	CEASED NAME	FIRST		MIDDLE R.		Thompson	20. DATE OF	KNOWN X	12-11	YEAR 1984	26. HOUR
3 SEX		ce shite	March 19	6. AGE (IN YE	ARS IF UI	NDER TYR. IF UNDER		NCED MC	12-11	YEAR 84	12933 P M
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Ma Na	ryland	13b COUNTY		13c. CITY OR TOWN Hyattsvi		13d. INSIDE CITY LIMITS? YES IN NO	13e. STREET ADDRI 5112 54	th. Ave.	2078]		
TALLA 14 FA	THER'S NAME FIRST		MIDDLE	Thompson		15. MOTHER'S MAIDE FIRST Grace	N NAME	AIDDLE	Unkr		
JO NOISINIO		(IF YES, GIVE WA	AR OR DATES)	578-52-21 for (o), (b), ond (c).)		Mary R.	Fisher		ddress o # 13		
CHIEF MEDICAL EXAMINER ALONG E USED AS A BURIAL-TRANSIT PERMIT T OF HEALTH AND MENTAL HYGIENE, URAL, CREMATION, OR REMOVAL. THICATION	gave rise to cause (a) stati lying cause los PART 2 OTHER SIGNIFIC.	ng the <u>under</u> - st. ANT CONDITIONS <u>CD</u>	(c)	AS A CONSEQUENCE	AINAL OISEA	SE OR CONDITION GIVEN IN PA	RT 1 (q)		70.	AUTOPSY?	
AENT OF HEALTH O BURIAL, CREA CERTIFICATION										YES []	NO X
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ATE DEF	21d INJURY OCCU WHILE ON AT WORK AT	T WHILE WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		OCATION STREET	CITY OR TO	wn	COUNTY		STATE
BALTIMORE, MARYLAND, 21201 PR	ACTUAL SIGNATURE	negust	causes .	anguer			Undetermined m	anner ,	DATE 12-	18 5	
₹ 80 230.BL	JRIAL, CREMATION PECIFY) Buri	REMOVAL 236		23t NAME OF CE	METERY	OR CREMATORY	23d LOCATION	ton, D.C	COUNTY	STA	
24 FU 17 E (5))	NERAL DIRECTOR				e, Ma	aryland DE	REC'D. BY REGISTRA		AR'S SIGNAT		70

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. Such the time T. H. T. A. Time Land Community of (Ivetime).	1811	, dadawidan	m line to m	tovita	. The Manager	Mr. pall	Lateuse
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR O PETENO . 20. DATE KNOWN X MONTH STREET, CAR PROVIDE CECTL TA DEATH MATED MARIE TILGHMAN 12/10 19 84 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2r. DATE LAST BIRTHDAY PRONOUNCED DE AD Sep. 10, 1908 Black 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U. S. A DIVORCED Prince George's County WIDOWED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS EOR MOST OF WORKING LIEET Census Ban Retired 6213 FooteStreet EL SIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION GIVE 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Seat Pleasant YES NO 6213 FooteStreet MIDDLE GREEN IAN SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) I (IE YES, GIVE WAR OR DATES Bringers 13E 579-60-6527 Delones BROWN None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a None 184 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME, IL LOCATION STREET, EACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian death resulted fram. Natural causes Accident Hamicide ___ Undetermined manner Suicide TITLE (SPECIFY) EXECUTE THE CONCENT OF SHOULD FOR EVENUE A SHOULD FOR EVENUE AFTER DEATH AND SEE THE SHOULD BEATTMOSE AND SEE THE SHOULD BE SET THE SHOULD BE SEED SEED SEE THE SHOULD BE SET THE SHOULD BE SE ACTUAL DATE SIGNED_ 12/10/84 Deputy SIGNAPORE 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery, Md. TYPE OR PRINT ADDRESS. 23c NAME OF CEMETERY OR CREMATORY RP 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND

MARIE CHILDS TILCHMAN 12/10 84 A. 12/10 84 A. remale Black Sep. 10, 1908 76 rrince George's County Seat Fleaman b213 Foot Street .aryland .rince Ceorge's Seat lleasant 6213 cot Street Acute myocardial disease. Icne 12/10/84 Demity 1919 Jerinary Road ailver apring, Montgomery, Md. John J. Mogers, M.D.

Description of Market Public Con-

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. N	O. "			

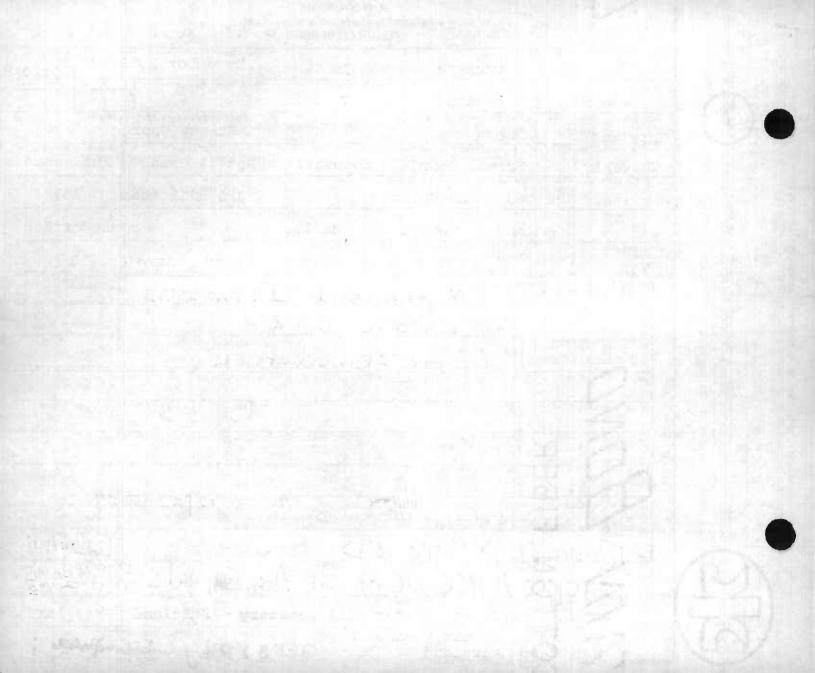
	REGISTRAR				CERTIFI	CATE OF DEATH	•	REG. NO.		
	EASED NAME	FIRST	^	AIDDLE	L	NST .		E OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE (OR PRINT)	G	CHE	STER	TOV	VERS	De	cember 23	1984	10:20A
3 SEX			4 RACE		5. DATE O		6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	Male	E. T	Wh	ite	Dec	7 1915	69	YRS	MONTHS DAYS	HOURS MIN.
I HIR	RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED		MORE CITY OR COUN	TY OF DEATH	
100	ryland		USA		WIDOWE			rince Geo	rge	MD
1	neverly	EATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET CONG		ospital		JAL OCCUPATION WORLD TO STORY OF WORKING		of BUSINESS OR urance
13a. S	TATE ryland	136 COUN		Ise CITY OR TOW Landove	N	136 INSIDE CITY LIMITS		5 APPESS 1 ZIRCE	äd	20786
14. FA	THER'S NAME FIRST	Ro	land	Tower	s	MolTye	NAME	MIDDLE He	rmansd	lörffer
(1)	(AS DECEASED EVE ES, NO OR UNKNOWN) Yes		MED FORCES? E WAR OR DATES)	577 26		Doris B.	. Towe	address ers Same	as #]	L3
	APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse 101, stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DISCASCE DUE TO, OR AS A CONSEQUENCE OF DISCASCE DUE TO, OR AS A CONSEQUENCE OF DUE TO, STOTING the underlying couse lost.									
CERTIFICATION	PART 2 OTHER SK					NOT RELATED TO THE TI		AUTOPSY? 206. IF Y	GIVEN IN PART I	INGS USED
CAL	210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME 216 INJURY OCCU	CAUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR	211 LOCATION	CURRED (ENTI	ER NATURE OF INJURY IN ITEM T		
×	WHILE NOT	WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
	270 certify that (1) (this hospital) attended the deceased from (1) (we) last saw the diseased alive on 12 17 (bid ng) view the body after death. 270 certify that (1) (this hospital) attended the deceased from (1) (we) last saw (1) (we) (did) (fid ng) view the body after death.									
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR									
	Ter	CIAC	CAI	MC GVIIS	CN	311 +	0013	ion 141.5.	Md.	20713
	URIAL, CREMATION	,	23b. DATE 27Dec			EMETERY OR CREMATOR		OCATION CITY Stuff tlan	d counMa:	ryland
24 FU	INERAL DIRECT RO	bert	E Wilh	elm Fun	eral	Home 250	DATE REC'D.	BY REGISTRAR 256 REG	ISTRAR'S SIGNA	ATURE

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

should be detoched for use as the burial-transit permit. Then please remove carbanpapei with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO FUNERAL DIRECTOR: After this certificate has been sign



Water the May Sign	UKY TRANSBITE	3H
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICA	TE OF DEATH			9 0 .	<i>*</i>
TYPE OR PRING	TMSI	MIDDLE	LAST		20. DATE OF DEA	TH MONTH	DAY YEAR	7b. HOUR
	drim	$(N_{\bullet}M_{\bullet}I_{\bullet})$	Tuck	cer	Decembe	r 9, 198	14	8:20P. N
1. SEX	4 PACE				6 AGE IN YEARS L		IF UNDER 1 YEAR	
Male	Whit	e			91	YRS	MONTHS DAYS	HOURS MIN.
OUNTRY)	EIGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED C	NEVER MARRIED				
Georgia	U.S.	A .			Prince	George	esca	enty MI
DECERSED NAME INTERCRIBENCE INTERCRIBENCE Meldrim (N.M.I.) Tucker December 9, 1984 A OCE INTERNALLALIBRIDAY POPULA INTERNAL STATE A OCE INTERNALLALIBRIDAY POPULA INTERNAL STATE BRITHPRICE (STATE OFFORTOR IN THE COUNTRY) INTERNAL STATE GOODING DAY INTERNAL STATE GOODING DAY INTERNAL STATE GOODING DAY INTERNAL STATE GOODING DAY INTERNAL STATE	OF BUSINESS OR							
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				INSIDE CITY HMITS?	13e STREET ADDR	PESS / 7IP CODE		mell
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	ALIDDIE.	b A C Y	15		AME			
1 10 51	WIDDLE	LASI	1		MID	DEE	LA	.51
		166 SOCIAL SECU	RITY NO. 17	INFORMANT	A	DDRESS 600	5 Spel	1 Road
Yes No On HUKNOWN)	W W T	220-44-1	380 ()	fr. Robert	A. Wilson			
PART 2 OTHER SIGNIF	(c)	ONTRIBUTING TO D	DEATH BUT NO					
A IN DATE OF OPERATION	JA 196 COND	ITION FOR WHICH	OPERATION W	AS PERFORMED		IN CERTIF	FYING CAUSES	
OR CONTRIBUTING CAL	USE OF DEATH HOUR A.	M. MONTH DA	Y YEAR	HOW INJURY OCCU	RRED (ENTER NATURE C	OF INJURY IN ITEM 18 P	PART I OR PART 2)	Strange
214 INJURY OCCURRE				LOCATION				
WHILE NOT WHILE	[AT HOME, STI	BET ARCIDEL DESIGNA			CITY	ORTOWN	COUNTY	STATE
	his hospifel intended th	g deceased from	1000	12/7 19 85	to	12/9	19 8 9	that (I) (we) las
taw the deceased above, (I) (ww) (did	stive of 128	after death.	and th	ot in (my) (our) opinia	n death accurred an	the date and hav	ir and fram the	causes stated
226 SIGNATURE	1111.		DEG				22c DATE	SIGNED
	Sych	7					12	9/84
// A 3	1 1 1 1 1 1				uplour .	2 Res	wyn/	HS 145
	MOVAL 23b. DATE	73c. N	IAME OF CEME	TERY OR CREMATORY	23d LOCATION			
	1 Dec.1	2.1984 F	ort Lir	coln Cemet				Marvland
				To the last of the	THE STATE OF THE S	C. N. N.		CONT. J. L. Co. L.

DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland NEC.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5 4	2	W	3
REG. NO.			-

1.	- STATE REGISTRAR			- 77	CERTIF	ICATE OF DEATH	REG. N	0.	UU		
	CE ASED NAME OR PRINT)	FIRST	A	NDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	R
	Catherine					MAN	December 25	1084		÷50a	m.
3. SE	Х	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BI	MON	INDER 1 YEAR	HOURS	24 HRS
	FEMALE		BL	ACK	JA		64	YRS.			2411
7o. BI	IRTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF V	VHAT COUNTRY	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	77.2	
	D C		U.S	S.A.	WIDOWE		PRINCE	GEORGE	'S		N
10. C	ITY OR TOWN OF DE	ATH 1	1. NAME OF H	OSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND O	F BUSINE	SSC
LA	NHAM		DOCTOR	R S HOSE	PITAL					ONE	
USU.	AL RESIDENCE (IF NUR					AND A CORP CITY AND ITEM	HOUSEWIF		207	144	
	MD.	PG PG		TEMPLE		134 INSIDE CITY LIMITS?	4551 DALLA	S PLACE	901	10	
14. FA	ATHER'S NAME				MIT I	15. MOTHER'S MAIDEN NA	AME				
17	FIRST		IDDIE	COLLIE	- D	MARIA	MIDDLE	51	NEED LAS	.1	
160 V	JAMES WAS DECEASED EVER		ALTER MED FORCES?	16b SOCIAL SE		17. INFORMANT	ADDR	ESS			_
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	E70_70	1_/57/	CATHERINE N		ATHENS			
	NO)-4534	ONTHERE IN	SEAT	PLEASA	APPROXI	MATE INTER	YAI	
1.78	PART I. DEATH V	AS CAUSED	gne cause per l BY:	line far (a), (b),	and (C1)	, ,			BETWEEN	ONSET AND	
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CERTIFICATION	19a DATE OF OPERA	TION	196 CONDIT	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [NG CAUSES		H?
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Σ	WHILE NOT W	HILE	I AT HOME STRE	EL FACTORY, OFFIC	E, FARM, ETC.)	SIRCE	L.			3.	
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	saw the deceas abave, (1) (we) (nd that in (my) (our) apinian	death occurred on the c	late and have ar			
	22b. SIGNATURE	(aid not)	view the bady o	arrer death		DEGREE		-	22c. DATE	SIGNED.	-
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	22d PHYSICIAL SIN	AME (TYPE OR	PRINT	,		22e ADDRESS					
18	Tree	C	Mes	he!		5806	But Are	Hyph	fulle r	W 24	7
23o. f	BURIAL, CREMATION	REMOVAL	236 DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
153	(SPECIFY) BURI	\L	1/3/85	5	HARMONY	MEM. PK.	LANDOVE	DC	OUNTY	MA	TATE
24 FI	UNERAL DIRECTOR				LANDOVE	R RD . 250 DA	TE REC'D. BY REGISTRAI	7 DEGISHRA	R'S SIGNAT	MD.	,
J.	B. JENKINS	FINE	AI HOME	ADDOCCE		D 3.8	N 8 1985	Frelia Dav	Idon-N	milantes	4
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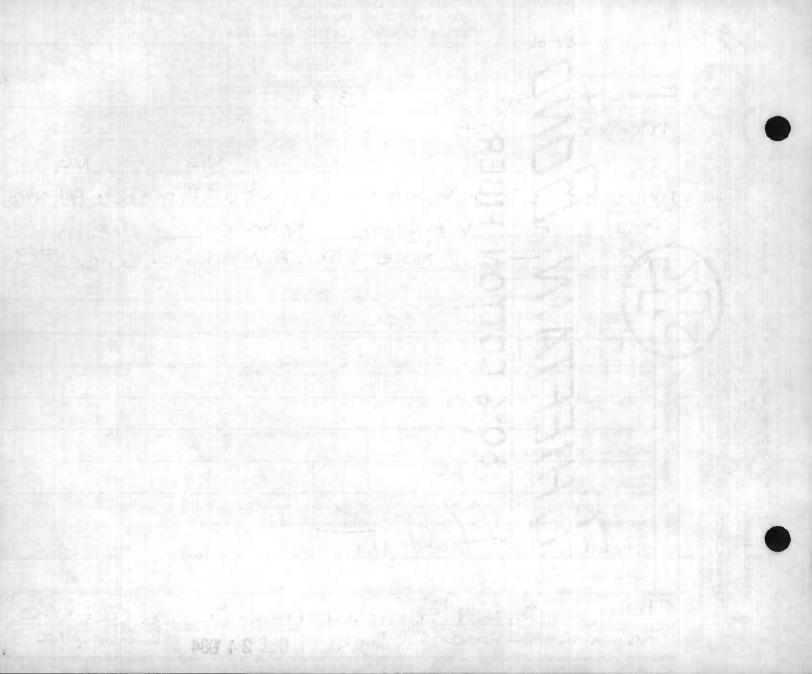
MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept-of-Health and Mental Hygiene prior to burial, cremation, or removal.

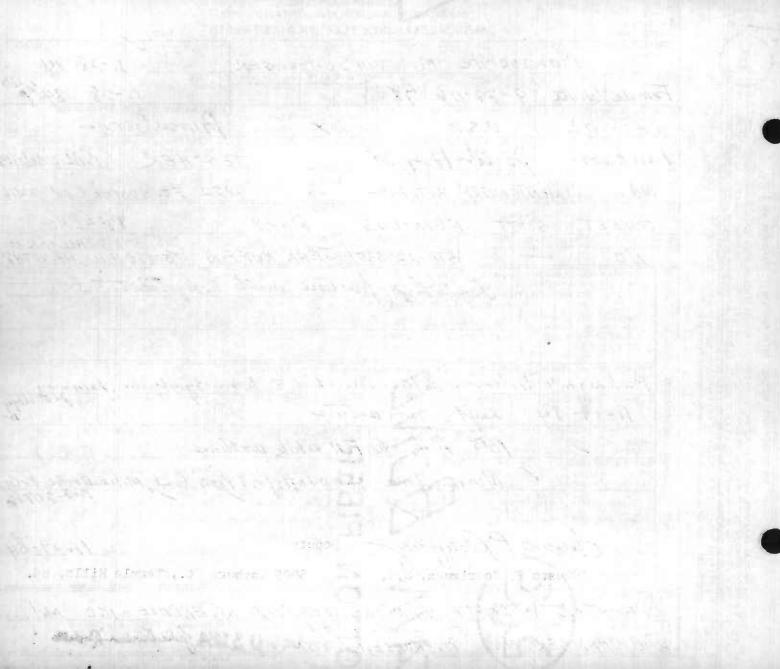
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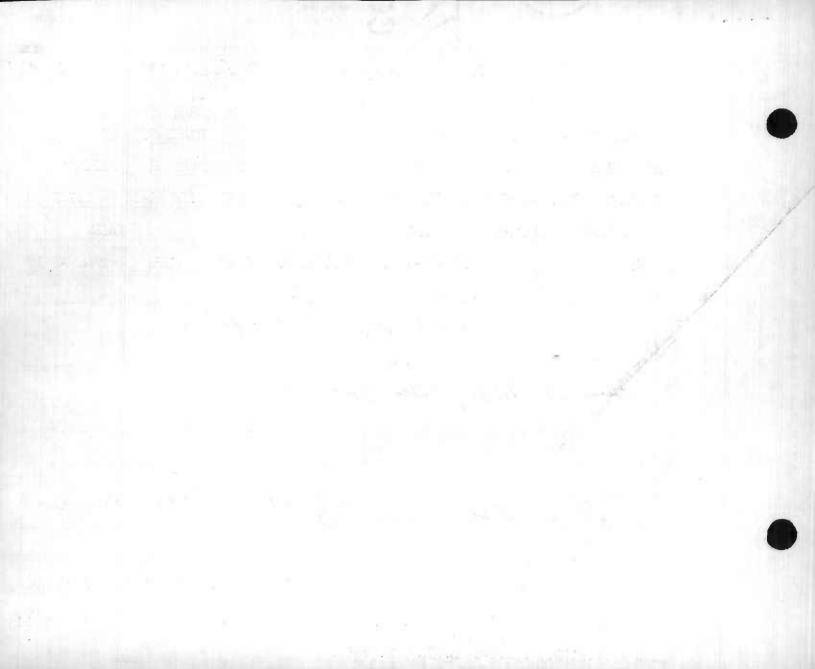
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE S CERTIFICATE OF DEATH REGISTRAR Traci 1. DECEASED NAME 2a DATE KNOWNXX MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Tracy Vinciquerra L. 12 - 161984 3 SEX 4 RACE S. DATE OF BIRTH AGE (IN YEARS IF LINDER 24 HRS 11-07 DATE YEAR LAST BIRTHDAY PRONOUNCED 1984 white DEAD 12-16 a. M 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR NEVER MARRIED Prince George's County, DIVORCED lonulond WIDOWED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS rince George's General Hospital Cheverly USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? VITAL REC New Correlton 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME AND FIRST JO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL RECURITY NO 17. INFORMANT ADDRESS LYES NO OR LINKNOWNS I HE YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A B CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? PAGE 3 SHOULD BE USED TATE DEPARTMENT OF HE 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES X NO F 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME NOT WHILE STREET, FACTORY, FARM, ETC.) WHILE CITY OR TOWN EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 AT WORK AT WORK Autopsy XX 22a. I certify that's took charge of the remaining described above, held an Inspection death resulted from Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 12-17-84 EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 07/84 BP 25M 24 EUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

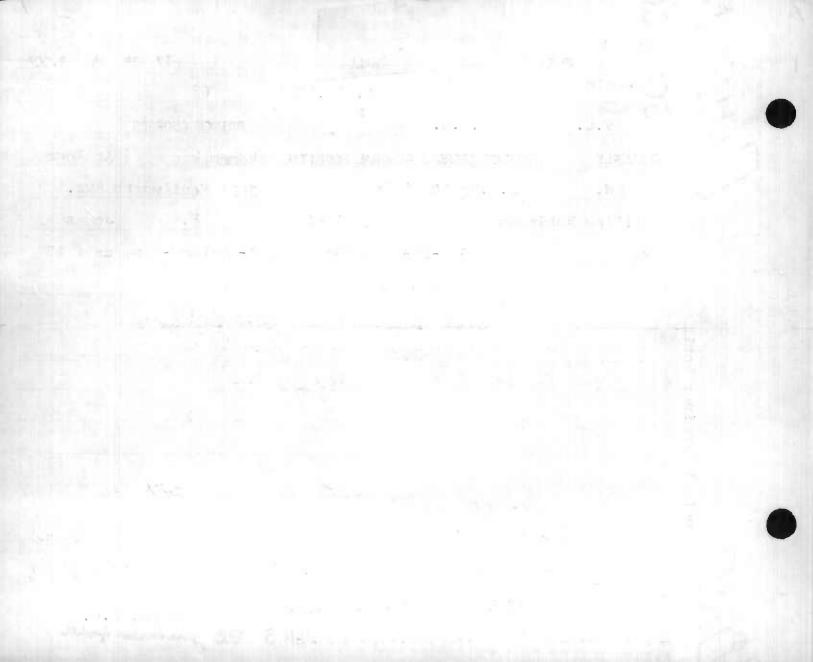


the state of the s	STATE OF MARYLAND
1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
10	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 REGINO.
	I. DECEASED NAME FRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 78. HOUR
(D	Marquerite M. VON SAITZERER DEATH MATED 11-1810 801
- 現代出版日	11 20112611821
9E 45E	3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR 24 HOUSE MIN. PRONOUNCED
N S S S S K	Female White 9-29-06 78 yrs. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 11-28 1984 PM
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SE S	FOREIGN COUNTRY) MARRIED NEVER MARRIED
AND SO	WASh. D.C. U.S.M. WIDOWED & DIVORCED Prince Georges MD
5 휴 유리	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS OR INDUSTRY)
A É À É	from ham. Dockers of popular TEACHER Public School
E LE	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
AND RETA	136. STATE 134 COUNTY 136. CITY OR TOWN 136 INSIDE CITY LIMITS? 136. STREET ADDRESS
2 4 4 g E g	Md. MONIGOMERY BETHESDA YES NO 1 4822 Ft. SUMNER DR 20816
Q F S	14. FATHER'S NAME FIRST MIDDLE LAST LAST LAST
S T S T S	BURNET SCOTT RESNOLDS MARY PHELPS
0 20	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS -10.7 Thus and all
BALTIM JRS AFTER 3. GIVE PA WITH FOI DIVISION	(YES, NO, ORJUNKNOWN) (IF YES, GIVE WAR OR DATES)
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ARRIS D	ATWORK ATWORK If Warsing Home 38000 tts tord Vista Road Milchellarde, Vole
ST. P. W.	The second second
MA SER EN	22a. I certify that I took charge of the remains described above, held Autopsy . Inspection . Inquiry . and in my opinion
WE WE WE	death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner
× HO HE	TITLE (SPECIFY)
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TO MEDICAL EXAMENCE THE CERT PAGE 4 SHOULD FOUNERAL DIRE AFTER DEATH BATTIMORE, ATTER PAGE A SHOWN SHO	
FWG F 4 8	230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OF CREMATORY 231 LOCATION CITY OF TOWN STATE
BP	CREMATION MOV. 29,1984 CHAMBERS CREMATORY RIVERDALE AGC. Md.
DHMH - 17	24 FUNERAL DIRECTOR ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS 5801 CLEVELAND AVE. 250. DATE
(VR A15 ME (5))	WW. CHAMBERS CO. RIVERDALE, Md. 2073 ULG Q 3 10 gundan Andrew
20M 4/82	WENTEL MAIN TO THE



STATE OF MARYLAND





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2ª DATE KNOWN (TYPE OR PRINT) OF ESTI-12 84 DEATH MATED THOMAS WATERHOLTER **EDWARD** 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR 3. SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 19 84 DEAD Caucasian March 12,1925 59 YRS Th CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED U.S.A. Prince George's County Washington, DC ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) 3421 Randall Rd. Unknown Unknown Suitland 3. RETAIN F SHOULD BE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3421 Randall Road (20746) Prince George's Suitland Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Martha Rowley George H. Waterholter 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 577-14-9161 Helena M. Johnson - Same As #13 A-E No CAUSE OF DEATH (Enter only one cause per languar (o), (b), and (c).) PART I DEATH WAS CAUSED BY ever sue Cardiovas and descare MENTAL HYGIENE, N, OR REMOVAL. DUE TO A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last HEALTH AND M PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In V CERTIFICATION EDED TO THE CHIEF A E SHOULD BE USED A E DEPARTMENT OF HE OI PRIOR TO BURIAL, O USED / 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES [NO TU 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED (AT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry V and in my apinion death resulted from: Suicide Hamicide L Undetermined monner Natural causes TITLE (SPECIFY) DATE 12/9/1984 Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, MAD. ADDRESS 5009 Rayburn Ct., Temple Hills. Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE December 12, 1984 Washington National Cemetery Burial Suitland, Maryland BP 19854RAR 1250. BEGISTERNILOGICA PAMELER 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 17 Old Alexander Ferry Road, Clinton, Maryland (VR A15 ME 663

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(VRA 15, 4)

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.				

		EASED NAME FIRST		MIDDLE	LAST	2a	REG. NO	-	DAY YEAR	2b. HOUR
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3	SEX		4 RACE		5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIR		MONTHS DAYS	HOURS MIN
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13	3a. ST	14.4.4.4	OR OTHER INSTITUTION	134. CITY OR TOW Riverda	N 113d INSIDE CITY	LIMITS? 13e	STREET ADDRESS /	ZIP CODE	ad 2073	7
/ 14	FAT	HER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S M		WIDDIE	7	LA	31
1	La	wrence	C.	Turner	Cather					lick
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	T	18 CAUSE OF DEATH (Enter	only ane cause p	er line for (a), (b), one	d (c·)	1.1			APPRO) BETWEEN	IMATE INTERVAL ONSET AND DEAT
		PART I. DEATH WAS CAU	ISED BY: IATE CAUSE (a)_	Cl	endicel	ark	cest		Cu	rused
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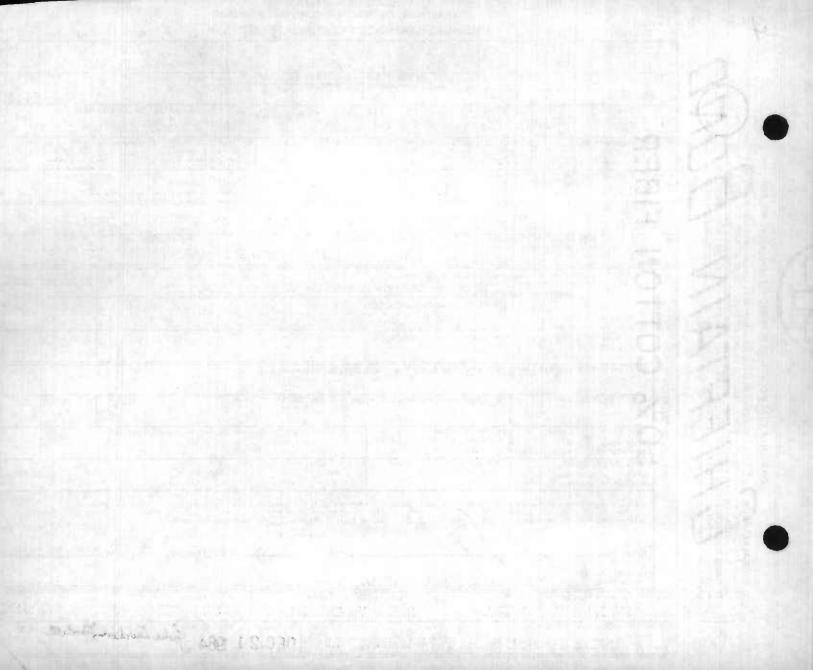
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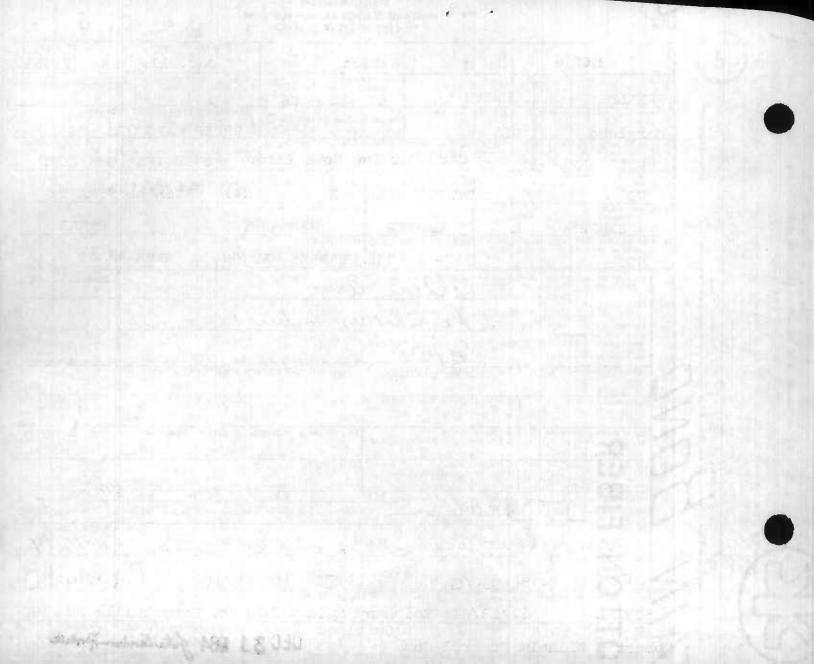
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N. Grachte Sons E. U. A. Hyantsville, Maryland Communication

	FOR		DI		E OF MARYLAND	HIVOLENIE				
3 1.	FOR STATE REGISTRAR				ER'S CERTIFICATE		H 3 A		1	
	ECEASED NAME	FIRST		WIDDLE	LAST		DATE KNOWN		DAY YEAR	26 HOUR
	YPE OR PRINT!	SADDIE			WATKINS	800	OF ESTI- DEATH MATED	□ 12	19 1984	M
3. S	FEMALE 4. R	BALCK	S. DATE OF BIRTH MONTH DAY APRIL 28		MONTHS DAYS HOURS	MIN. PR	DATE ONOUNCED DEAD	12	19 1:84	2d HOUR
1/	BIRTHPLACE (STATE FOREIGN COUNTRY)	OR	U.S.A.	T COUNTRY?	MARRIED X NEVER MA	RRIED . 9.	BALTIMORE CIT	_	rge Cour	AM
5	CITY OR TOWN OF I	DEATH	11. NAME OF HOSPI 6835 Fore	ITAL, NURSING HOME, LITY, GIVE STREET ADDRESS) ST Terrace	OR OTHER INSTITUTION	FOR MOS	SEWIFE	[TYPE OF WORK	126 KIND OF B OR INDUS	JSINESS
130	JAL RESIDENCE (IF IN STATE MARYLAND	13b COUNT P.G.	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSIO 13 CITY OF TOWN LANDOVER	N) 13d. INSIDE CITY LIMITS		TADDRESS	T TERR	20	47
14.	ALLEN		WIDDLE	EDWARDS	IS MOTHER'S MA	IDEN NAME	WIDDLE		FOWLER	
160.	WAS DECEASED EX (YES, NO, OR UNKNOWN) NO	/ER IN U.S. ARA (IF YES, GIVE V		166 SOCIAL SECURITY UNK	FLOYD W	ATKINS	6835 FC		TERRACE	
		WAS CAUSED		gr (a), (b), and (c).)	of neck Wea	pon: Sh	otain		APPROXIMA BETWEEN ONS	
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_	1.	FOR STATE REGISTRAR	DEPAR		ALTH AND MENTAL HYG	IENE REG. N	4	1 6	
(1)		CEASED NAME FIRST	WIDDIE	LAS	т		MONTH DAY	YEAR	2b HOUR
ed 7.		Effie Effie	M	Wats		Dec.		984	7:45A _M
e 1	3. SE	X	4. RACE	5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR		INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
ge 4	F	EMALE	WHITE	0.7	16 86	98	YRS.		
Pod die		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	☐ NEVER MARRIED ☐	9 BALTIMORE CITY C	R COUNTY OF	DEATH	-1/129
100		arvland	USA	WIDOWED		UPPER M	ARLBOR	O P	G MD.
with the		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			17g USUAL OCCUPAT		126. KIND O	F BUSINESS OR
urs offer	Disti	UPPER MARLBOR	Manor Care		g Home Larg	O HOUSE		OWN 1	HOME
filled in hould be	13a :	MD 136 COUN	ITY 13c. CITY OR TO TEMPLE	HILL	YES X NO	13e STREET ADDRESS . 2610 CAT		STRE	ET Y
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B O O O		NO	217-36	-6735	CHARLES WA	TSON	SAME A	S 13	
hysicio popers oval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), o	and ICH	and T		91	APPROXI BETWEEN O	MATE INTERVAL ONSET AND DEATH
ng ph pongo reme			E CAUSE (o) CAUSE	ac	Over				11/1
orh c cork o, or	9		DUE TO, OR AS O CONSEQ	UENCE OF	/- 1/				
dec dec		Conditions, if ony, which gove rise to immediate	(b) Relife	CLOTY	y facili	2			
that the		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEO						
signed Then pl to buri	NO	PART 2: OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
hos beer permit.	IFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	G CAUSES	OF DEATH?
icote ronsit Hygie	CERTIFI	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR				
A G F O E		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR					
HYSIC Iding its cel buric I Men	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	ZII LOCATION				
NG Pt (fter th os the fhond orked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, EACTORY, OEEK	E, EARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
Z S S S S S S S S S S S S S S S S S S S			ral) ottended the deceased from		19 84	_, 10_12/11			that (1) (we) lost
ATTE Spire CTO Lifer of I			1) yiew the body ofter death.		that in (my) (aug) opinion o	death accurred on the d	ote and hour or	nd from the	couses stated
OR bolk bolk bolk be		226 SIGNATURE	6. (ATTENDING L	MEDICAL STA	Er.	22c. DATE	SIGNED
1 - 1 + 0		(darry)	com my	mi	PHYSICIAN X	DIRECTOR PHYSIC	IAN	121	11/19
TO HOSPITAL etoined by 11 TO FUNERAL should be det with the Stote MPORTANT:	5	Baccu Ro	Senher MI		120 ADDRESS	adover F	Rd Ch	everl	U.MO
5 5 5 4 x 3	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CE	METERY OR CREMATORY	23d. LOCATION	1 211	7.5	11.1.1
BP		BURIAL	12/13/84 Ep	iphany	EpicopalC	emet. For	estvi	lle P	G MD
DHMH - 16 50M 4/83	_	UNERAL DIRECTOR			land 250 DATE	E REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATI	URE
(VRA 15, 4)	Ro	bert E Wilhel	m Funeral Ho		MD LEC	3 1 1984 gu	hie Davids	an John	tille .



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO	0.			,
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1 -	REGISTRAR			C	ERTIFICA	ATE OF D	EATH	6-4	REG.	NO.)	1	
	CEASED NAME	FIRST	MIDDLI		LAST			20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR
		OROTHY	G.	M	VEBB					11-2	6-84		10:10
3. SE		4.	RACE	5.	DATE OF B		WE S D	6. AGE (I	N YE ARS LAST	BIRTHDAY)	IF UNDE	DAYS	IF UNDER 24 HOURS N
Fe	emale		Negro		момтн 8	30	1919	65		YRS		DAIS	HOURS N
	RTHPLACE (STATE COUNTRY) LLINOIS	OR FOREIGN 75	U.S.A.	1	MARRIED T		AARRIED			OR COUN			Y
1	ITY OR TOWN OF D	EATH 1	(IF NOT IN SUCH FACE		HOME OR C	THER INST		12a USUA (TYPE OF W	L OCCUP	ATION of of working	12b.	100000000000000000000000000000000000000	F BUSINESS
USU, 13a. S	AL RESIDENCE (IF NO	III COUNT	THER INSTITUTION, GIVE Y 13c.		ing Y	I INSIDE CI	TY LIMITS?	13e.STREE	T ADDRES	s/zipco Gran		load	90:
14 FA	ATHER'S NAME FIRST	MI	DDLE	&AST	15.		MAIDEN NA	WE	MIDDLE			LAS'	T
1	Wirt	Ern		Griffi	n		Lula	1977					llie
160. V	WAS DECEASED EVI			SOCIAL SECURITY	Y NO. 17	INFORMA	NT		ADI	RESS	Tol	^	d a D
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	60-07-5	682	Jane	t D. I	Webb-	-Dau-	Silv	er	Spri	ings.
	18 CAUSE OF DEA	WAS CAUSED		lorial, (b), and ic	0.1	Fach	ure					APPROXI	MATE INTERVAL
	Conditions, if or gove rise to i couse (a), sto underlying cau	mmediate ting the	(1b) E	A CONSEQUENCE	em	<u> </u>	1 com					12	yrs
CERTIFICATION	PART 2 OTHER SI		196. CONDITION	RIBUTING TO DEA			TO THE TERM	N.	ITOPSY?	206. 1F	YES, WERE	E FINDIN	IGS USED OF DEATH?
	210 ACCIDENT WAS L	CAUSE OF DEATH	216. TIME OF IN HOUR A.M.	JURY MONTH DAY	YEAR	Ic HOW IN	JURY OCCUR		_	NJURY IN ITEM		PART 2)	
MEDICAL			21e PLACE OF II	NJURY ACTORY, OFFICE, FARM	21	f. LOCATIC	N		CITY OF	town	(0	PUNTY	STATI
	22a I certify that sow the dece above, (1) (we	osed alive on_	pottended the de	26 19 8	, ond II	hot in (my)	(our) opinion	. 10		date and h	our and f	rom the	
	22b SIGNATURE	her	bula	mb		F	TTENDING)		AL S OR PHY	TAFF SICIAN [22	IL DATE	SIGNED -7/84
	5USUM	Leib	enhaui	t		6525	Belo	rest (d,	Hyat	tsur	lle, 1	Vd. 20
		ation	11/28/	84 Lee	Cre	mato		Wa	CATION ITY OR TOWN	ngton	, D	. C.	Stati
24 FI	UNERAL DIRECTMR	rrow	& Woodfe 162	ord Fun 2 1Tth	eral St, N.	Home.W. I	DEC	U5 L	REGISTR.	the to	u don	Home	-

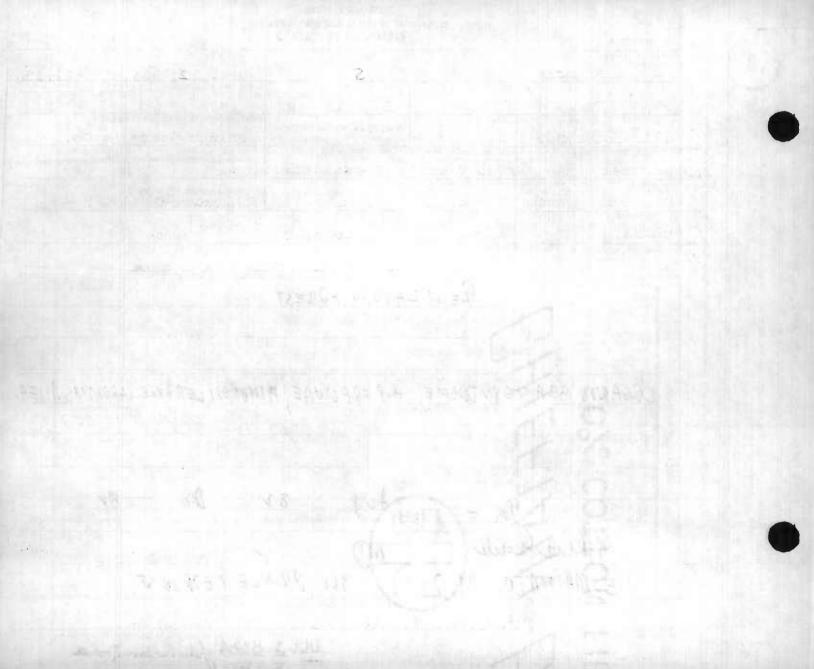
DHMH - 16 50M 4/B3 (VRA 15, 4)

TO HOSPITAL

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) ESTIraise DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 5. DATE OF BIRTH DATE LAST BIRTHDAY) PRONOUNCED 6-26-0 DEAD 9. BATSIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY West Virginia USA DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Homemaker Own Home UAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 194 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Fairfax NO X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wilton Lilly Alice Bea Rose Wert IAN SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 4908 Bexley Lane (IF YES, GIVE WAR OR DATES) 236-42-6043 No Step-duaghter Fairfax, Virginia 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: nemon 10 IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Muchus pulmonery derese Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 96 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20 AUTOPSY? YES 🗀 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (TEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an and in my opinian death resulted Iram Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER Augusto P. Rodriguez, N.D 5009 Rayburn Ct., Temple Hills, Md. EXAMINER'S NAME (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE Burial 12/10/84 Falls Church, Virginia National Memorial Park 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Demaine Funeral Homes, Inc Alexandria, Virginia (VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	5	2	-

REGISTR	AR			CERTIF	ICATE OF DEATH	REG. N	o.	4	
1. DECEASED N.	-1		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY		2b HOUR
	GRAC	E	E		JHITE			11984	9.40PM
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
Fen	ale	Whi	te		il 28, 1894	90	YRS.		
To. BIRTHPLACE	(STATE OF FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	PDEATH	
Maryla		U.S		WIDOWE		Prince Ge			
Riverda		(IE NOT IN SUC	HEACILITY, GIVE	URSING HOME C STREET ADDRESS) 'ial Hos	pital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake:	OF WORKING LIFE)	IZE KIND OF	F BUSINESS OR
130 STATE	NCE (IE NURSING HOME O	NTY	13c. CITY OR		134. INSIDE CITY LIMITS?	13e STREET ADDRESS 6900 Calv		miwa (20782
Maryla:		.G.	nyati	rsville	15. MOTHER'S MAIDEN NA		er con p	rive 2	20102
Theodo	re	Paul	Enge]		Mary	Elizabe		Dane	ce
(YES, NO OR UI	ASED EVER IN U.S. AI NKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES!		SECURITY NO. 44-6153	Mr. Herbert		ickerso	n, Md.	. 20842
18 CAUS	E OF DEATH (Enter o	nly one couse per	line for (a), (b), and (c).)	000110	1005-5		APPROXI	MATE INTERVAL ONSET AND DEATH
PART		ED BY: .TE CAUSE (a)			ARDIAC	ARREST			
100	***************************************	,54U, UN			A -		V-1-1		
C 100		DUE TO, O	R AS A CON	SEQUENCE OF	ACUTE N	YOCARD	MAL		
	ns, if any, which se to immediate	(p)_							
couse	(a), stating the	DUE TO, O	R AS A CONS	SEQUENCE OF		INFARCT	ION.	-	
underlyi	ng cause last.	((c)_							
	OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM		DITION GIVEN	IN PART 10	0
o Ac	UTE RE	NAL F	AILL	LRE (2) CARDADGE	NIC SH	bck.		
OERTIFICATION ACCID	OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		
H.						YES NO	YES [NO [
210. ACCID	DENT WAS UNDERLYING			H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	T OR PART 2)	TAN TE
OR CONTR	IBUTING CAUSE OF DE	AIH	M. MONTE	DAT TEAK					
9	RY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR IC	OWN	COUNTY	STATE
WHILE AT WORK	NOT WHILE	(AT HOME, ST	REET, EACTORY, C	OFFICE, FARM, ETC.)	SIMEEL	CAT OR TO			Jiere
220 I cert	rify that (I) (this hosp	ital) attended th	e deceased f	from	11.27.1984		2.4 19.	84.	that (I) (we) last
sow	the deceased alive a e, (l) (wey did) (did a		2.4.	19.54 . 01	nd that in (my) (aur) apinion	death occurred on the d	ote and hour o	nd from the	causes stated
72h 51GN	ATURE /	di vjew me oddy	oner geom.	/	DEGREE	/		22c DATE	SIGNED
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F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If them 21 is marked or Item 18 shows any

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH ©

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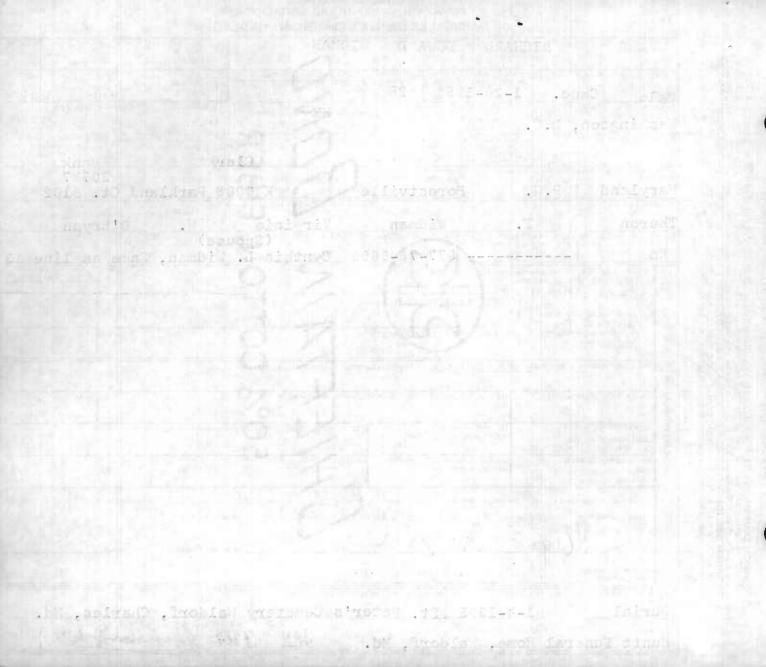
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	TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21		220. I certify that I taak charge of the remains described above, held an Autapsy KX Inspection, Inquiry, and in my apinian death resulted from: Natural causes, Accident, Suicide, Hamicide											
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) Arthur DEATH MATED 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED Mali To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED & DIVORCED North Carolina U.S.A. USUAL OCCUPATION (TYPE OF WORK Barber OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN YES [4233 Gorman Street. Washington, D.C NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE FIRST William H. Lanie Joyner Wiggs 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LYES, NO. OR UNKNOWN) 244 12 7204 Karen Collins-daughter-4233 Gorma 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY with complications INIUVIES IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g DATE OF OPERATION 2B AUTOPSY? trochantere tracture 10-16-YES NO A 21c HOW IN JURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED (AT HOME. WHILE NOT WHILE 22a I certify that I took charge of the remains described above, held an Natural couses Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) Deputy ADDRESS 5009 Rayburn Ct., Temple Hills, Md. Augusto P. Rodriguez, M.D. Fort Lincoln Cemeteyr Brentwood, Maryland Burial 24 FUNERAL DIRECTO DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Funeral Home-4001 Benning Road (VR A15 ME (5))

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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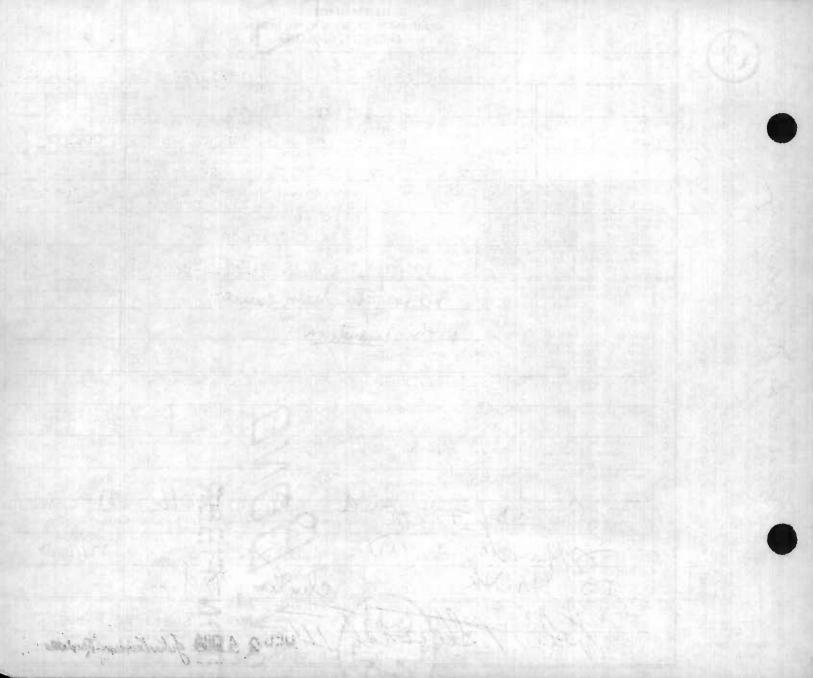
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STATE OF MARYLAND FOR * DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO. REGISTRAR 2a. DATE OF DEATH MONTH YEAR 26 HOUR L DECEASED NAME (TYPE OR PRINT) 1:45AM WILLIAMS 2/16/84 **BENJAMIN** H. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4 RACE 5. DATE OF BIRTH DAY YEAR Male Black BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED PRINCE GEORGES COUNTY USA South Carolina DIVORCED [] 18. CITY OR TOWN OF DEATH I L. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired SOUTHERN MARYLAND HOSPITAL CLINTON OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE (IF 134.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 2110 Brooks Drive Maryland Suitland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lena Solomon Lewis Williams ADDRESS 17. INFORMANT 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 578 10 0211 Lena M. Simmons-daughter-8043 Buchma no APPROXIMATE INTERVAL CT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 71a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE FARM ETC) NOT WHILE 220 | certify that (1) his hospital) attended the decased from. and that in (my (lour) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22e ADDRES the b 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 230 LOCATION 236 DATE Burial Cedar Will Cometeyr Suitland, Maryland DHMH - 16 50M 4/83 Stewart Funeral Home-4001 Benning Road (VRA 15, 4)



requires that the death certificate be executed within 24 hours

ATTENDING PHYSICIAN: The low

TO HOSPITAL

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retained by the haspital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.			,

1 -	REGISTRAR						REG. N	10.		
	CEASED NAME	FIRST	16.5	MIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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SE)	Female		RACE White	e	5. DATE O		6 AGE (IN YEARS LAST B	HRTHDAY)	MONTHS DAYS	HOURS MIN.
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	ity or town of d urel	DEATH	(IF NOT IN SU	CH FACILITY, GIVE S	STREET ADDRESS)	or other institution wille N.H.	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Housewife		GLIFE) INDUSTRY	F BUSINESS OF
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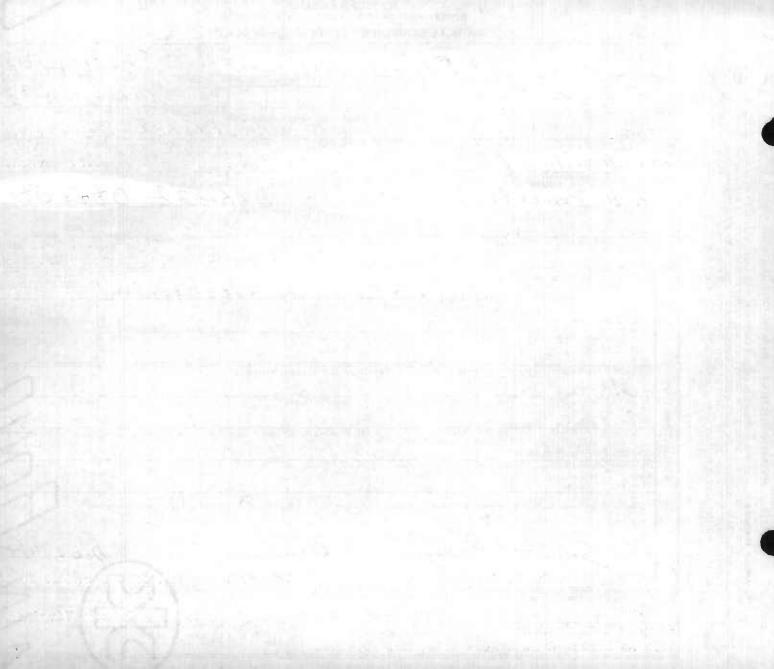
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detacked for use as the busiol-transit permit. Then please remove carbonoopers. Pages 1 and 2 should be filed within 72 hours oftwith the Store Dept of Health and Merital Historie prior to buriol, cremotion, or removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 3 REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) Sarah Frances Williams DEATH MATED 4 KACE 6 AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS DATE 67_{YRS.} PRONOUNCED Female. White DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNT 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) U.S. Govern. Hvattsville 6432 Otis Street Lawver 13c CITY OP TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland P.G. Hyattsville Oris Street 14. FATHER'S NAME .J. MOTHER'S MAIDEN NA... Brown Henry Williams Mattie 17 INFORMANT ADDRES10 V.M.I. Parade 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! John W. Knapp (Nephew) Lexington, Va. 24450 214-03-6168 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE TO MRC.

EXECUTE THE CLESS
PAGE 4 SHOULD BE FULLY
TO FUNKRAL DIRECTOR: PY
AFTER DEATH, WITH THE ST
"TIMORE, MARYLAND!," 220 I certify that I taak charge of the remains described above, held an Autapsy Natural causes Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME John S. Rogers 1919 Seminary Rd. Sil. Spr. Md. 20910 230 BURIAL, CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 12/8/84 Vauters Church Cemetery Loretta Virginia BP Essex SA DATE REC'D, BY REGISTRAR 1250 REGISTRAR'S SIGNATURE Frankis Gasch's Sons Funeral Home, P.A. **DHMH - 17** in Name 1 Danda 122 4739 Baltimore Ave. Hyattsville, Md. 20781 (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH S REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED & AGE (IN YEARS IF LINDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD 7 QYRS Virginia U.S.A. WIDOWED DIVORCEDIO OR TOWN OF DEATH FOR MOST OF WORKING LIFF) OR INDUSTRY Glazier Glass Company 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Accokeek 14812 Livingston Road (20607) Prince George's 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME F. PAGES 1 AND DIVISION OF VIT Willis Robert Sarah F. Sigmon 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 6203 Walton Ave Suitland, Mary N/A 224-16-1726 18. CAUSE OF DEATH (Enter only ane couse per for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH en selver cardis vouser disease Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES DEPARTMENT 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211, LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Natural causes Hamicide Undetermined manner TO MEDICAL EXAMENTED FOR THE CERTIFICATION OF THE C TITLE (SPECIFY) DATE 12-10-84 Deputy 5009 Rayburn Ct., Temple Hills, Md. Augusto P 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE December 14, 1984 Sherwood Memorial Park Roanoke, Virginia Burial BP 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. (VR A15 ME (66633 Old Alexander Ferry Road, Clinton, Maryland 20M 4/82

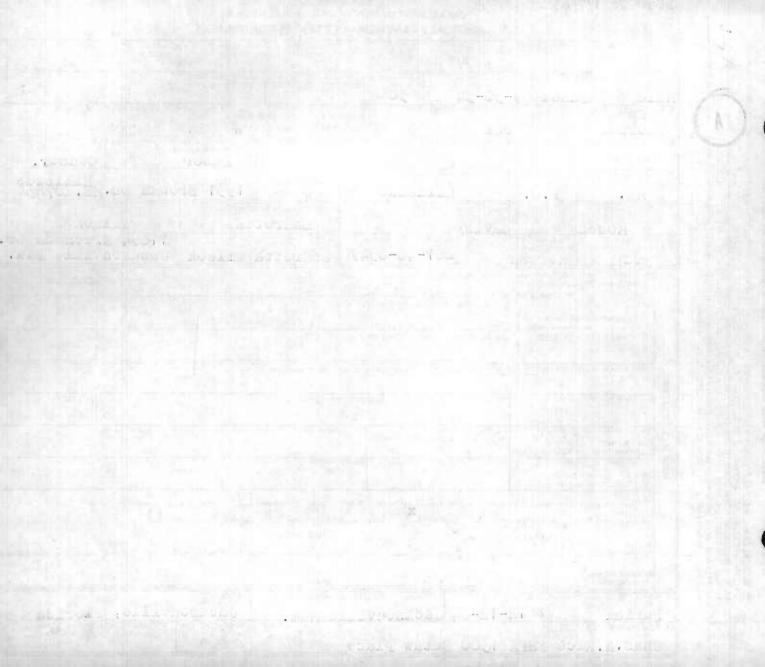
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH S REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH YE AR (TYPE OR PRINT) ESTI-DEATH MATED 12 08 10 84 Wilson 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 10 84 Male Caucasian Feb. 1 1925 08 DEAD YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TO Prince George's WIDOWED DIVORCED Washington, D.C. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Salesman - Ret. Retail Store Oxon Hill 1313 Southern Avenue #412 20745 ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Hrince George's Oxon Hill 13d. INSIDE CITY LIMITS? Southern Ave. Maryland YES T DIVISION OF VITAL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Wilson Kirby Charlotte Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO. 3800 Lumar Dr. Maybelle E. Deason Ft. Washington, Md. 578-32-0122 No 18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carcinoma of the lung IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if onv. which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL. YES 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21s. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM IS PART LOR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PARTER DEATH, WITH THE 51* BALTIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held on Inspection X and in my opinian death resulted from: Notural causes Homicide ___ Undetermined manner TITLE (SPECIFY) 12/8/1984 Deputy ADDRES 5009 Rayburn Ct., Temple Hills, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Cremation 12/9/84 Suitland Cedar Hill Crematory P. Geo. Maryland BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATUREL DO THE COLOR OF THE PROPERTY OF THE George P. Kalas Funeral Home Oxon Hill, **DHMH - 17** (VR A15 ME (5)) 20M 4/82

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BALTIMORE, MD. JRS AFTER DEATH. IF S. GIVE PAGES 1, 2, WITH FORM PM 3. T. PAGES 1 AND 2 SI DIVISION OF WIAL		Yes	Ko	rean	236-48-6	540	Markene :	Linkous	Bristol	.Virgin	ia
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF, WRITING THE WORD "PENDING" IN PENCIL IN 118.18. WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WARDED ST. TRANSIT PERMIT. STATE DEPARTMENT OF HEALTH AND MENTAL HYGEINE, D	7	PART 2 OTHER SIG	GNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BO	UT NOT RELATED TO THE TE	RMINAL DISEASI	OR CONDITION GIVEN IN PA	ART 1 (a).			
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EXAMENER: CERTIFICATE ULLD BE FOR UNIT HE S MARYLAND,		death resulte	ed from: NA	tura dauses X.	Accident .	ouicide	, Hamicide .	Undetermined manner			
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TO MEDICAL EXAMINER: THE EXCUTE THE CERTIFICATE. WE PAGE 4 SHOULD BE FORWART TO FUNEAR DIRECTOR: PARTER PEATH, WITH HIE STABALTIMORE, MARYLAND, 21.		TYPE OR PRIN	VI) Gre	egory R. Kar	uffman, M.	D	ADDRESS1	11 Penn St.			
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